



ANNUAL REPORT

on the

PUBLIC HEALTH

of

WORCESTERSHIRE

1935.

by

WYNDHAM PARKER, M.C.,

M.B., Ch.B. (Edin.). D.P.H. (Lond).

County Medical Officer.



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WORCESTERSHIRE COUNTY COUNCIL.

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY COUNCIL.

I have the honour to submit my report on the health of the County for the year 1935, which follows the lines indicated by the Ministry of Health in Circular 1492.

Information as to Social conditions, the chief industries and unemployment has been given in recent County Reports and there appears no good reason for repeating this information.

A further reduction in the number of unemployed is reported and generally there has been improvement industrially and in housing conditions.

The following statement gives statistical data relating to the Administrative County :—

SECTION A.

Statistics and Social Conditions of the Area.

Area in acres	—	—	—	—	—	438,221
Population, Census 1931	—	—	—	—	—	308,781
Registrar-General's estimate of resident population, mid 1935	—	—	—	—	—	324,000
Rateable value (1st April 1936)	—	—	—	—	—	£1,551,151
Sum represented by a penny rate	—	—	—	—	—	£6,122

			Males.	Females.	Total.
Live Births	Legitimate	—	— 2,430	2,268	4,698
	Illegitimate	—	— 87	73	160

Birth-rate per 1,000 of estimated resident population 15·0

			Males.	Females.	Total.
Still-births	—	—	— 104	98	202

Rate per 1,000 total (live and still) births — 40

			Males.	Females.	Total.
Deaths	—	—	— 1,914	1,893	3,807

Death-rate per 1,000 of estimated resident population 11·7

Deaths from Puerperal Causes.

			Deaths.	Rates per 1,000 live births.	Rates per 1,000 total (live and still) births.
Puerperal Sepsis	—	—	— 6	1·23	1·18
Other Puerperal Causes	—	—	— 9	1·85	1·78
Total	—	—	— 15	3·08	2·96

Death-rate of Infants under one year of age :—

All Infants per 1,000 live births	—	—	—	51
Legitimate Infants per 1,000 legitimate live births	—	—	—	50
Illegitimate Infants per 1,000 illegitimate live births	—	—	—	100
Deaths from Measles (all ages)	—	—	—	6
Deaths from Whooping Cough (all ages)	—	—	—	15
Deaths from Diarrhoea (under 2 years of age)	—	—	—	19

The Ministry of Health ask that Annual Reports should be completed with as little delay as possible after the end of the period to which they relate : the statistics relating to the County districts were available early in May.

On the 1st August 1936 reports had not been received from the following Districts :—

Droitwich Borough.		
Halesowen Urban District.		
Malvern	„	„
Stourport	„	„
Bromsgrove Rural	„	„
Droitwich	„	„
Pershore	„	„

There has been no exceptional circumstance which has resulted in excessive sickness or invalidity with the exception of Diphtheria. Although the incidence is somewhat less than in 1934, the figures are still above the average for the last twenty years ; also the severity of the disease, as indicated by the case mortality, is more marked in 1935 than in 1934, which was also an unsatisfactory year.

I have no reason to consider there has been any deterioration of the physical condition of the inhabitants of the County in recent years during which unemployment has been prevalent. This opinion is based on the experience of School Medical Inspection and in connection with Infant Welfare Supervision.

I do not wish to imply that the present nutritional state in the County is all that might be desired and that no further action is called for, but rather that there is no general falling off of health which could be properly attributed to unemployment.

Your Medical Officers who work in different parts of the County generally expressed the opinion that there were individual cases of infants attending centres and young children in schools who would unquestionably derive benefit from the inclusion of extra milk in the diet which, in not a few instances, could be ill afforded by the parents.

These facts were brought to the notice of the Council who, with the approval of the Ministry of Health, adopted a scheme on the 1st April 1936 to supply free milk to certain expectant and nursing mothers and their young children. This provision is particularly useful for the lower paid worker. Steps have been taken to avoid overlapping with the Public Assistance Department and Voluntary Agencies who for many years have been doing most useful work in this direction.

The extension of the arrangement to provide free milk in schools, which in the past was limited to areas where the incidence of unemployment was particularly heavy, has been agreed to by the County Council: it is expected that the new arrangement will function during the Autumn. An intensive survey of four separate districts indicated that about 7% of elementary school children who would benefit from additional milk were not able to obtain a regular supply mainly because of financial difficulty.

Unemployment.

The incidence of unemployment in Worcestershire was dealt with at some length in my last report and I am happy to record that the improvement then noted has been maintained.

Dr. A. B. Follows, Medical Officer of Health, Redditch, states :—

“ There is no evidence that unemployment has exercised any significant influence on health.

In Redditch the improvement in employment is very marked, about 400 boys and girls 14 – 18 years have been imported, there is no juvenile unemployment.”

Dr. Follows gives the following information relating to adult unemployment :—

	“ Wholly unemployed.	Short time workers.	Total.
Males	— 5%	4%	9%
Females	2%	7%	9%

During the year the number of wholly unemployed and short time workers taken together rose to 1600 rather under 12% of the total insured population. This rise was due to seasonal influences.”

Dr. G. Dudley, Medical Officer of Health, Stourbridge, states :—

“ No particular diseases are attributable to the occupations carried on in the District.”

The following Table sets out the comparability factor for each Sanitary District in Worcestershire. The object of supplying these figures is to allow of useful comparison between the healthfulness of one district and another.

In Worcestershire there are districts such as Oldbury where the birth rate is still relatively high and where immigration of young persons into the area is marked. As a result there is a young population whose expectation of life is good, and naturally a low death-rate would be expected.

In this area the factor is 1·22. When the crude death-rate of the district has to be multiplied by this factor the resulting figure would then allow of a fair comparison with the figures for England and Wales or any other area's corrected rate.

If, by contrast, Upton-on-Severn Rural District be taken, where the population tends to fall, the birth-rate for a number of years has been below the average ; there is no immigration into the district as it contains no large works and employment on farms has declined for many reasons ; the result is that the population includes an unduly large proportion of older persons whose expectation of life is not so good. The factor in this case is 0·70 which would reduce the crude death-rate and the resulting figure would allow of fair comparison between the Oldbury and Upton-on-Severn Districts.

Death Rates 1935.

District.	No. of Deaths.	Crude Death rate.	Correcting Factor.	Adjusted Death rate.
URBAN.				
Bewdley Boro'	— 47	11·0	·92	10·1
Bromsgrove	— 270	12·1	·96	11·6
Droitwich Boro'	— 67	15·0	·76	11·4
Evesham Boro'	— 127	11·4	·96	10·9
Halesowen	— 307	9·1	1·16	10·5
Kidderminster Boro'	— 420	13·4	·91	12·1
Malvern —	— 225	12·8	·70	8·9
Oldbury Boro'	— 407	9·7	1·22	11·8
Redditch —	— 283	12·8	·99	12·6
Stourbridge Boro'	— 381	10·9	1·04	11·3
Stourport —	— 80	10·6	·96	10·1
RURAL.				
Bromsgrove —	— 207	11·3	·90	10·1
Droitwich —	— 129	12·0	·80	9·6
Evesham	— 179	12·7	·86	10·9
Kidderminster	— 111	14·2	·83	11·7
Martley —	— 130	12·2	·82	10·0
Pershore —	— 183	13·8	·82	11·3
Tenbury —	— 93	17·2	·78	13·4
Upton-on-Severn	— 161	12·8	·70	8·9

SECTION B.

General Provision of Health Services for the Area.*Staff.*

The following changes or additions were made in the County Staff during 1935, viz. :—

On the 9th September, 1935, Mr. R. W. T. Owen, R.S.I., commenced duty as County Sanitary Officer.

On the 18th November, 1935, Mr. Walter Scott, F.R.C.V.S., D.V.S.M., commenced duty as County Veterinary Officer.

During the early part of 1936, Dr. R. L. Corlett, one of the Assistant County Medical Officers, was appointed as District Medical Officer of Health for the Kidderminster Rural District. This vacancy followed the death of Dr. Smeeton Johnson who had for several years rendered valuable service to the Rural District of Kidderminster.

As mentioned in my last Annual Report, Dr. A. B. Follows, an Assistant County Medical Officer, was appointed Medical Officer of Health for the Redditch Urban District, as from the 1st January 1935, vice Dr. H. E. Collier, who had resigned to take up a new appointment.

Laboratory Facilities.

On the 31st March, 1936, Mr. C. C. Duncan retired from Office after serving the County as County Analyst and Bacteriologist for 37 years, and the County Council in their official Minute placed on record their appreciation of his long and valuable services. His successor is Mr. H. E. Monk, B.Sc., F.I.C.

A new Laboratory is being provided and will be ready for occupation during 1936.

The work of this Department, particularly on the Bacteriological side, has increased very much during recent years.

Ambulance Facilities.

Ambulance services for the ordinary non-infectious cases are available for the whole County.

The Red Cross ambulances are stationed at Bromsgrove, Redditch, Stourbridge, Lye and Worcester.

Ambulances are also provided by the following Local Authorities, viz. :—Droitwich, Evesham, Halesowen, Kidderminster, Malvern and Oldbury. The Tenbury Hospital Contributory Scheme provides an ambulance. Occasional use is also made of the ambulances available for the various Birmingham Hospitals.

Whilst it may be said the ambulance service is reasonably sufficient for the County's present need, there would be considerable advantage if some of the County towns at present supplied from a distance, had ambulances of their own. This would probably encourage and facilitate the training of voluntary workers in first aid and the handling of patients, and should the need ever arise, it would allow of existing Hospital accommodation being used to meet not only local but also as far as possible County and national requirements.

The ambulance facilities for the removal of Infectious cases is generally satisfactory.

Nursing in the Home.

The main provision is through the District Nursing Associations, some 70 in number.

Financial assistance is given by the County Council, through the Public Assistance Committee, on account of general nursing and, through the Health Committees, towards the Midwifery service which is provided by the majority of these Associations. The Council also pay for nursing undertaken by District Nurses for cases of Ophthalmia Neonatorum and in connection with the nursing in the home of advanced cases of Tuberculosis.

The County Nursing Association is reviewing the whole of the District Nursing arrangements in the County in the hope of finding some practical means of covering those areas where nursing associations do not at present exist. Probably some 10 or 12 additional associations will be required to cover the rural parts of the County.

The Urban parts of Worcestershire are covered with the exception of the Lye area of Stourbridge Borough, where the Local Association has, I hope only temporarily, suspended activities.

Clinics and Treatment Centres.

References to these Centres are made under their respective headings.

Hospitals — Public and Voluntary.

The following is a complete list of all Hospitals — Public and Voluntary — used by the Inhabitants of the County :—

List of Hospitals in or serving the County of Worcestershire.

Maternity Hospitals.

	No. of beds.
Lucy Baldwin Maternity Hospital, Stourport	— 16
Mary Stevens Maternity Home, Stourbridge	— 18

Mental Hospitals.

Barnsley Hall Mental Hospital, Bromsgrove	— 700
City and County Mental Hospital, Powick, near Worcester	— — — — — 1171

Infectious Diseases Hospitals.

Kidderminster Isolation Hospital, Foley Park, Kidderminster	— — — — — 28
Bromsgrove, Droitwich and Redditch Isolation Hospital, Hill Top, near Bromsgrove	— — 62
Evesham Isolation Hospital, Bengeworth, Evesham	— 25
Pershire Isolation Hospital, Three Springs Road, Persore	— — — — — 21
North Worcestershire Isolation Hospital, Hayley Green, near Stourbridge	— — — 68
Malvern Isolation Hospital, Half Key, near Malvern	— 26
Upton-on-Severn Isolation Hospital, Upton-on- Severn	— — — — — 18
Evesham Joint Smallpox Hospital, Haselor, near Evesham	— — — — — 16
Stourbridge and Halesowen Smallpox Hospital, Halesowen	— — — — — 12
Upton-on-Severn Smallpox Hospital, Welland, near Malvern	— — — — — 6
County Smallpox Hospital, Tolladine Road, near Worcester	— — — — — 21

Tuberculosis.

King Edward VII. Memorial Sanatorium, Knightwick, near Worcester	— — — — — 86
---	--------------

General Hospitals.

Name.	Situation.	Purposes (see Notes).	Number of beds.	Proportion of beds used by Residents.
Evesham Hospital.	Briar Close, Evesham.	a. b. d. f. m. n.	46 (with 4 emergency beds)	75 per cent.
Worcester Royal Infirmary.	Castle Street, Worcester.	a. b. c. d. e. f. g. h. j. k. l. m. n.	165	40 "
Smallwood Hospital.	Church Green West, Redditch.	a. b. m. n.	37	100 "
Guest Hospital.	Tipton Road, Dudley.	a. b. d. e. f. g. h. j. k. l. m. n.	107	10 "
Malvern Hospital.	Malvern.	a. b. f. m. n.	22	100 "
Pershore Cottage Hospital.	Defford Road, Pershore.	a. b.	11 and 1 cot.	100 "
Halesowen and District Cottage Hospital.	Bromsgrove Street, Halesowen.	a. b. d.	28 including 3 private Wards.	94 "
Kidderminster and District General Hospital.	Mill Street, Kidderminster.	a. b. d. e. f. g. h. k. l. m. n.	135	97 "
Bromsgrove Hospital.	New Road, Bromsgrove.	a. b. f. m.	28 & 10 cots.	100 "
Corbett Hospital.	Amblecote, near Stourbridge.	a. b. d. e. g. h. j. m. n.	90	59 "
Worcester City and County Eye Hospital.	Barbourne Road, Worcester.	b. h.	18	16 "

NOTES. a. — general medical and surgical treatment.
d. — children's wards.
g. — nose, throat and ear department.
j. — laboratory.
m. — X-ray treatment.

b. — operating theatre.
e. — orthopaedic department.
h. — ophthalmic department.
k. — light therapy.
n. — massage treatment.
c. — maternity beds.
f. — dental department.
i. — dermatological department.
l. — radium treatment.

NOTE. These Tables do not include the Beds available for County Cases in Birmingham Hospitals.

It is satisfactory to record that the arrangements which exist between the County Council and the Committees and Medical Staffs of the Voluntary Hospitals for the treatment of certain types of cases continue to function without difficulty.

The Voluntary grants made to Hospitals in, or serving, the County were last year increased from £350 to £400. These payments are for general services and not for particular cases where *per capita* payments are made amounting to several thousands a year.

The Scheme required under Section 63 of the Local Government Act of 1929 relating to Isolation Hospitals is complete and has been approved by the Ministry of Health. This Scheme was set out *in extenso* in my last Report but it may be some considerable period before all the alterations therein referred to will operate.

Institutional Medical Services.

No developments or important alterations have been made during the year but the Public Assistance Officer, Mr. S. C. Meredith, informs me that the following improvements were carried out or approved during the year at Public Assistance Institutions and Cottage Homes:—

Bromsgrove.

Reconstruction of main building commenced. Additional equipment (bed-lockers, etc.) provided in Infirmary.

Kidderminster.

Floors of Infirmary relaid.

Martley.

Redecorative and repair work carried out.

Oldbury.

Erection of New Relief Offices at Langley commenced.

Pershore.

Redecorative work and internal repairs carried out.
Provision of new steam jacketed boiling pans approved.

Stourbridge.

Electric light installed in Homes.
Recreation Room provided for Children.
External and internal decorative and repair work carried out.
Low pressure hot water system provided to supply adequate heating in Dormitories and Foster Mothers' bedrooms in Receiving Block at Homes.

Upton-on-Severn.

New high pressure Boiler, Water-softening apparatus and Calender installed.

Brick chimney stack replaced by steel stack.

Boiler-house enlarged.

General.

The question of wireless entertainment for the inmates and children of the several Institutions and Cottage Homes in the County was dealt with as this was not provided throughout and some of the original sets were no longer serviceable, and an efficient service was made available to the indoor poor by the provision of installations either by way of addition or replacement.

Poor Law Medical Out-Relief.

No change in general policy has been found necessary or advisable at the present time, but all new appointments are made on a temporary basis so that, should it be decided at a later date to adopt the "open choice" or any other method, no difficulty in the change over will be encountered.

Institutional Provision for the Care of Mental Defectives.

The County Council have agreed to join in a Scheme for the provision of a new Institution jointly with other authorities.

The Order constituting the Joint Board has been made and when a suitable site has been found the Scheme will proceed.

Midwives Acts 1902 — 1926.

The local administration of the Midwives Acts continues on similar lines to those recorded in previous reports, the assistant County Medical Officers acting as Inspectors of Midwives for their respective Districts.

During 1935 the number of Midwives who gave notice of their intention to practice was 294, and of this number only 7 are untrained. It will be remembered that these women were added to the Roll without examination on account of their practice prior to the Act of 1902.

The total births of Worcestershire are now less than 5000 per year. Some are attended by doctors without certified midwives and about $\frac{1}{5}$ occur in Institutions. The records of Midwives for 1935 are set out below—

40	Midwives	who	gave	notice	did	not	attend	any	cases.
121	„	„	„	„	„	„	attended	12	cases or less.
45	„	„	„	„	„	„	„	13	to 25 cases.
34	„	„	„	„	„	„	„	26	to 50 „
18	„	„	„	„	„	„	„	more	than 50 cases.

A comparison of the figures of the District Nurse Midwife with the independent Midwife may be of interest, as the new Midwives Act will probably completely alter the average number of cases attended by whole time Local Authority Midwives ; but unless some radical alterations in districts covered and transport facilities provided occur, the returns of cases attended by District Nurse Midwives will not probably be altered appreciably.

Independent Midwives who attended :—

	1935.	1934.	1933.
12 cases or under —	47	43	38
13 to 25 cases —	5	8	14
26 to 50 cases —	9	4	9
Over 50 cases —	6	7	5

District Nurse Midwives who attended :—

	1935.	1934.	1933.
12 cases or under —	51	45	42
13 to 25 cases —	38	35	37
26 to 50 cases —	18	17	11
Over 50 cases —	10	9	9

The total figures for 1935 also include the returns of 15 midwives employed in Maternity Homes, mainly small, and with no resident medical man.

The Report of the Central Midwives Board for 1935 comments on the small percentage of trained midwives who subsequently practice as midwives. The report gives an estimated figure of 26.9% of those on the Roll who practice as midwives.

It seems to be open to question whether it will not be deemed unsatisfactory for the more highly trained midwife of the future to attend less than a dozen cases a year, this being wasteful distribution of skilled staff and not conducive to a really efficient midwifery service owing to lack of material. I mention these points as there is often much opposition to any suggestion of alteration of district Nursing Association boundaries, which must be revised if more midwifery cases are to be attended.

The report on the work of the Central Midwives Board is apparently not circulated to Local Supervising Authorities; the copy I obtained was sent for. The report contains not only matters of interest but decisions and opinions on administrative points which would in my opinion make the publication a useful one for general distribution to the Local Supervising Authorities.

An enquiry was held by the Chairman of the Administrative Health Committee, Dr. L. C. S. Broughton, into the conduct of a Midwife in charge of a Nursing Home following the occurrence of several febrile cases among lying-in women in the Home.

The Midwife was subsequently warned by the Local Supervising Authority and advised as to future precautions to be taken.

In my last report I mentioned the difficulties experienced in Rural Districts by the Rule of the Central Midwives Board relating to the laying out of the dead; this difficulty has now been removed as the Central Midwives Board has amended the Rule in question to meet the objections raised.

Special attention has again been given to ensuring that Midwives send the formal notice required when they have been in contact with infectious cases. This procedure is necessary to safeguard the health of Mothers but it will add to the expenditure.

The compensation payable to one Midwife for loss of cases when she had been suspended in order to prevent infection amounted to £20 5s. 0d.

Further Grants amounting to £4 2s. 6d. have been made to Midwives who lost their fees owing to patients having been admitted to Maternity Homes and £11 was paid to Midwives who lost their Midwifery fees owing to the poverty of patients and where no maternity benefit was payable.

Subsidies to Midwives.

In order to secure the services of Midwives in parts of the County where no Association was functioning, subsidies each of £10 were paid to four Midwives.

The following Table gives information as to the claims of Doctors under Section 14 of the Midwives Act, 1918 :

Year.	Registered Births.	Medical Aid Records.	Number of Claims.	Fees paid.	Amount recovered.
1927	5090	966	516	£767	£112
1928	5108	986	602	£1043	£141
1929	4953	1088	725	£1282	£211
1930	4964	1082	697	£1260	£210
1931	5033	1110	828	£1341	£223
1932	4772	1121	813	£1250	£298
1933	4678	1224	880	£1375	£382
1934	4703	1258	767	£1124	£335
1935	4858	1462	836	£1450	£309

Of the 4,689 births notified in the County, 564 were confined in Institutions in the County. Midwives attended 2,920 cases as Midwives and 1,105 cases where a doctor was booked to attend at the patient's own home. In addition 100 cases were attended by doctors in the home with Nurses or persons whose qualifications are unknown.

The percentage of domiciliary cases attended by midwives, as Midwives is 70, but if the total notified cases (including County Institutions) be taken the percentage attended by Midwives is 62. The figures for registered births do not tally as they include births occurring outside the County, most of which occurred in Institutions.

The fact that Doctors attend fewer cases to-day is generally recognised. The principal reasons for this, I think, are the falling birth rate which results in only two babies now being born in place of three and the increasing tendency for women to be confined in Hospitals and Homes. This latter figure in Worcestershire accounts for between 15 and 20% of registered births.

I have not been able to find any grounds for assuming that Midwives in this County are persuading and retaining in their practice cases which previously would have retained the services of a Doctor. With the object of seeing the variations (if any) in practice, I examined the registers of a Nursing Association for the years 1915 — 1934 ; the same senior Nurse had been responsible during the whole period and the Association attended 1900 cases from 1915 — 24 and 2500 cases in 1925 — 34.

During the first period 1915 – 24 one case in every three was attended by a Doctor (booked or summoned by the Midwife). During the second period 1925 – 34 two cases in every five were attended by a doctor (booked or summoned). It may be argued that the inclusion of medical aid record cases is fallacious as many of these should have been booked cases. As opposed to this view, cases not infrequently are seen by the doctor ante-natally and he agrees to attend them if required by the midwife and summoned by medical aid record.

The investigation was primarily undertaken to ascertain the variation in the average age at first confinement and proportion of first confinements to the total births. For no reason that I can explain, except that it is an industrial Town where the variation in total births has not been very marked save in the years 1920 and 1921, the average age of first confinements has remained fairly constant over the 20 year period at 26 years. The proportion of first confinements has not varied being one-third of the total births over both the first and second 10 year period.

The following information was extracted from the registers of cases :

Period.	Cases attended.	Delivery rate by forceps.	Transfers to Hospitals etc.	Delivery by Caesarean Section.
1915 – 24	1900	7%	10	includes 3
1925 – 34	2500	9.5%	74	includes 36

The most marked variation is the increase in the transfer of cases to Institutions, and whilst 7 deaths occurred in the first period in the home, the figure was reduced to 4 in the second period. The Maternal death rate of the Town was however, slightly higher in the second period than the first, but as the Association attends a proportion (rather more than half) of the registered births no deductions can properly be drawn from the Maternal Death rate figures.

A Bill has been introduced into Parliament which embodies the Government proposals for the re-organisation of a domiciliary service of salaried Midwives by Local Supervising Authorities under the Midwives Acts.

In view of certain administrative difficulties which arose the County Council decided to postpone a scheme which provided for County Midwives to receive Post Certificate instruction in Midwifery at the Lucy Baldwin Maternity Hospital. An arrangement has been made with the County Nursing Association to add to

their Staff two additional relief Nurses for emergency duties in any part of the County. The subsidy payable to the County Nursing Association will allow of a reduction in the ordinary weekly rate charged to the local Associations ; it is intended to extend this arrangement at an early date to provide for at least four relief Nurses being retained for emergency duties in the County.

Maternity Hospitals.

The Lucy Baldwin Maternity Hospital, Stourport-on-Severn.

This Hospital was provided through the generosity of Sir Julien Cahn and the personal interest of Mrs. Stanley Baldwin, and has 14 Beds with an Isolation unit of 2 beds.

The Hospital accommodation is insufficient to meet the present demands for admission. These have increased particularly from the southern half of the County, and Sir Julien Cahn has now given directions for enlarging the Hospital by 4 or 5 beds to meet this need. The proposed extensions will take the form of one or two bedded wards.

The new Ante Natal Department and Welfare Centre have been in use during the year and have proved of great value in administering the Maternity and Child Welfare Scheme of the District.

This Maternity Hospital was opened in 1929. It has been staffed throughout the period by General Practitioners who have the assistance of Specialists for major operations or for consultations. Approximately twelve hundred cases have been delivered in the Hospital and the forceps delivery rate for the period works out at 3.7%. In seven cases Caesarean Section was performed. One maternal death from haemorrhage following Placenta Praevia occurred in 1930. There have been no deaths in cases transferred to other Hospitals. Since these figures were got out one further death from Eclampsia occurred in 1936.

More than half the deliveries in the Hospital were first confinements. Approximately 10% of the admissions were emergencies (unbooked) and a very considerable proportion being albuminuria with raised blood pressure.

As there is no resident Medical Officer, the medical responsibility falls upon the three practitioners who are in partnership ; this form of administration has proved simple and no real difficulties have been experienced.

The following particulars give information as to the year's work :—

No. of beds	—	—	—	—	14
No. of Maternity cases admitted during the year					233
Average duration of stay	—	—	—		18 days.
No. of cases delivered by Midwives	—	—			185
No. of cases delivered by Doctors	—	—			48
No. of cases in which medical help was sought in emergency	—	—	—	—	68
No. of Puerperal Fever cases	—	—	—		Nil.
No. of Puerperal Pyrexia cases	—	—	—		14
No. of Ophthalmia Neonatorum cases	—	—	—		Nil.
No. of Maternal deaths	—	—	—		Nil.
No. of Infant deaths	—	—	—	—	9
No. of Still births	—	—	—	—	18

The Medical Staff consists of Dr. E. Stanley Robinson, and his partners Dr. R. S. MacArthur and Dr. G. Mackie.

The Consultants are Professor Beckwith Whitehouse and Mr. A. Danby.

I am grateful to these gentlemen, to the Matron, (Miss Sayers) the Sister (Miss Shuker) and the Staff for the valuable services they continue to render at the Hospital.

The Mary Stevens Maternity Home, Stourbridge.

This Home contains 16 Beds with an Isolation Unit of two Beds. It was the gift of Mr. Ernest Stevens of Stourbridge, whose continued interest in the Home has been evident throughout the year.

During 1936, four Bedrooms on the second floor are being fitted up for the use of the night Staff.

The following information is given as to the year's work : namely—

No. of Maternity cases admitted during the year					248
Average duration of stay	—	—	—		14.9 days.
No. of cases delivered by Midwives	—	—			162
No. of cases delivered by Doctors	—	—			74
No. of cases where Medical assistance was sought					79
Cases of Puerperal Fever	—	—	—		1
Cases of Puerperal Pyrexia	—	—	—		13
Cases of Ophthalmia Neonatorum	—	—	—		Nil.
Maternal Deaths	—	—	—	—	1
Still-Births	—	—	—	—	14
Infant Deaths	—	—	—	—	5

The Maternal death was due to Pneumonia following on Puerperal Septicaemia.

It was considered advisable to stop admissions for a short period in May 1935. A case was admitted in labour. On admission she had a slight temperature but otherwise seemed well; labour was not complicated. The following day she had a rash and a diagnosis of Scarlet Fever was made; she was removed to the Isolation Hospital. A second case of Scarlet Fever (a Ward Maid) occurred, who was also removed to the Isolation Hospital. All admissions were stopped for the time being but no further case occurred amongst either patients or Staff.

The Mary Stevens Maternity Home was opened in 1932. It is situated in a residential district on the outskirts of an industrial area and receives a considerable proportion of the emergency cases of this area. A General Practitioner has been appointed as Medical Officer and my Deputy; he controls the admission of emergency cases and is responsible for the notification and disposal of all febrile and infectious cases. All major operations are performed by Specialists. A Rota of General Practitioners resident within three miles of the Home provides the medical staff. No abortions, febrile cases or delivered cases are eligible for admission.

An ante-natal clinic held at the Home is attended by an Assistant County Medical Officer.

The administration, through a Rota of practitioners, although not so simple as the Stourport Hospital arrangement, has worked quite well and is I think appreciated by the local Medical men. Experience indicates that it will be advisable to restrict the number of Doctors on the Rota both for convenience and efficiency.

There have been about 900 admissions since the Home was opened up to the 31st March 1936. There were three deaths in the Home during the period, one from Eclampsia (ante natal supervision not the responsibility of the Home), one from Sepsis and one from haemorrhage. One case died several weeks after transfer to another Hospital from Embolism, which was not expected.

The forceps delivery rate is 10%; ten Caesarean Sections were performed in the Home during the same period.

Since these figures were prepared an unusual and difficult series of cases occurred in the Home; a case of Diphtheria in a nine day patient evidently contracted in the Home was removed and treated in an Isolation Hospital and made a good recovery.

Two unexpected deaths occurred shortly afterwards, one an associated death in which post mortem findings disclosed that the cause of death was not due to pregnancy, the other was caused by sepsis. The onset of the febrile symptoms did not occur until the 9th day and the patient died after transfer to another Hospital. All admissions to the Home had been stopped before these two fatal cases occurred as carriers of both Diphtheria organisms and Haemolytic Streptococci were found in the Staff.

I wish to record the assistance and help I have received from the Medical Officer (Dr. G. Meldon) the Matron (Miss Garrett) the Sister (Miss Winters) and the Staff.

Public Assistance Hospitals.

75 Maternity cases were admitted to the County Public Assistance Hospitals during the year.

	Beds provided.	Admissions 1935.	Admissions 1934.
Kidderminster —	4	26	26
Evesham —	6	31	30
Upton-on-Severn	1	2	1
Martley —	2	16	10
	—	—	—
	13	75	67
	—	—	—

Complications of pregnancy and labour.

Responsibility for Hospital provision was undertaken in 41 cases at a cost of £332 4s. 8d. Of these cases 21 were admitted to the Kidderminster and District General Hospital, 16 to the Worcester Royal Infirmary, 2 to the Birmingham General Hospital, 1 to the Evesham Hospital and 1 to the Clarence Street Nursing Home, Gloucester.

Consultants.

In 11 cases the services of a Consultant were provided at the request of general practitioners for complications of pregnancy and labour.

Nine consultant ante-natal sessions were held when 34 cases were seen.

The total cost of this provision was £104 10s. 0d.

Puerperal Pyrexia and Puerperal Fever.

Thirteen cases of Puerperal Fever and 79 of Puerperal Pyrexia were notified during 1935; 13 of the latter occurred in the Borough of Oldbury which is a separate Maternity and Child Welfare Authority.

In seven instances consultants were provided by the County Council at a cost of £24 18s. 0d.

Twenty-eight cases were at the request of the notifying practitioner removed to the following Hospitals:

Kidderminster and District General Hospital	—	5
Women's Hospital, Sparkhill	— — —	8
Worcester Royal Infirmary	— — —	11
Birmingham General Hospital	— —	4

The cost of this service (excluding Ambulance charges) was £286 7s. 1d.

Serum was provided in certain cases the cost amounting to £13 13s. 9d.

Ambulance facilities for the removal of cases to Hospital amounted to £6 11s. 0d.

It is of interest to note that of the 7 deaths occurring, two were notified as Puerperal Fever and the other five being notified cases of Puerperal Pyrexia. All seven cases were treated in Hospital.

It is made a practice to try and get all doubtful cases removed to Hospital at an early stage and in the one case where it was suggested that the Local Authority should provide a Nurse, the circumstances were such that the request was not acceded to; removal to Hospital provided the more suitable form of assistance and this latter course was adopted.

Maternal Mortality rate.

The following Table sets out the Registrar General's figures for Worcestershire based on certificates of death. These deaths are classed as due to (1) Puerperal Sepsis (2) other accidents and diseases of pregnancy and (3) the total under headings 1 and 2 per 1,000 live births:

Year.	No. of Live Births Registered.	Deaths from Puerperal Sepsis.	Other Puerperal Causes.	Puerperal Mortality Rate per 1,000 Live Births.	
1935.	4858	6	9	15	3·08
1934.	4703	8	16	24	5·10
1933.	4488	10	10	20	4·45
1932.	4772	10	12	22	4·61
1931.	5033	6	11	17	3·37
1930.	4964	17	11	28	5·64
1929.	4953	13	12	25	5·04
1928.	5108	5	15	20	3·90
1927.	5090	13	19	32	6·28
1926.	5309	11	15	26	4·89
Average	4927	10	13	23	4·64

If the rates be calculated on total births registered in place of live births the total Puerperal Mortality rate for Worcestershire is :

1935	—	—	—	2·96
1934	—	—	—	4·88
1933	—	—	—	4·27
1932	—	—	—	4·42
1931	—	—	—	3·25

Prior to 1928 there were no reliable figures as to the number of still-births, and deaths caused by abortion, miscarriage still-birth etc., were included as Maternal deaths and the rate was calculated on live births registered. No information was or is available relating to the total pregnancies, which figure alone would give the true population exposed to the risk of such complications.

Since 1928 the actual number of still-births is known so that the rate may now be calculated on either the number of live births registered or the total births (live and still) registered.

By using the figure for total births in place of live births there is a slight reduction in the Puerperal Mortality rate.

If the deaths resulting from Abortion etc. (whether returned under the heading of sepsis or other accidents) remain reasonably constant, no real disadvantage would result from their inclusion as the comparative national figures from year to year would include a known but constant fallacy on which the rate is calculated, but the general opinion based on Hospital admissions etc., is that abortion is increasing and also returns of deaths due to this cause indicate that it constitutes an appreciable and variable proportion of the total Puerperal Mortality Rate. Whilst there is probably difficulty in excluding deaths resulting from abortion etc., when calculating these rates, the present importance which rightly or wrongly is attached to these figures does provide good reason for advancing the suggestion that deaths following abortion, miscarriage etc., should be excluded in order that comparative figures from year to year may be available which will allow of "like to be compared with like."

Dental Treatment for Expectant Mothers.

Assistance was given in 34 cases during 1935 at a cost of £46 18s. 6d. The treatment is given by private dentists and the amount recovered from patients was £5 14s. 0d.

Ante Natal Work.

As a result of Circular 1433, issued by the Ministry of Health the County Council have decided to introduce a scheme for a supply of Milk to Nursing and Expectant Mothers, and Infants. A copy of this Scheme is given as Appendix A.

The Scheme commenced on the 1st April 1936 and both Dried Milk and liquid Milk is being supplied.

In the Urban areas the Scheme is being administered, with the aid of Grants from the County Council, by Voluntary Committees, connected with local Infant Welfare Centres.

In the Rural areas the Scheme is being administered centrally.

The estimated cost is £1,100 per annum.

A Milk Scheme was in force in the County in 1918, but so many abuses were discovered that the County Council abandoned it two years later.

Ante Natal Clinics.

The figures for average attendances and first visits are set out below :

Ante Natal Clinic.				Average Attendance.	First visits.
Bromsgrove	—	—	—	8	36
Blackheath	—	—	—	9	63
*Cradley	—	—	—	7	36
Evesham	—	—	—	8	111
Halesowen	—	—	—	23	121
Lye	—	—	—	16	102
Lucy Baldwin Maternity Hospital	—			25	216
Mary Stevens Maternity Home	—			7	68
Newtown, Malvern	—	—	—	9	43
Stourbridge	—	—	—	10	75
Worcester	—	—	—	5	51

* New centre opened in 1935.

The total (live and still) births notified in 1935 was 3,586 in the Maternity and Child Welfare County.

1,047 first visits were made by Expectant Mothers to Ante natal clinics during the year 1935. 1,692 first visits were also made to the homes of Expectant Mothers by Health Visitors and District Nurses.

It would serve no useful purpose to attempt to start Ante natal clinics in every small town or village in Worcestershire. Midwives I am satisfied are giving more efficient supervision, in that more abnormal cases are referred to private Doctors or clinics. In Rural areas General Practitioners Schemes (which are operating on a considerable scale in Cumberland and Hampshire) provide the most practical means of dealing with the problems of many miles and few patients.

Health Visiting and Infant Welfare.

Infant Mortality Rate per 1,000 Births 1935	=	51
Average annual mortality rate 1925 – 34	=	67

The County Health Visiting work is undertaken by District Nurses for their Nursing areas and in the remainder by whole time County Health Visitors. There are 58 part time and 14 whole time Officers.

The following Table shows the County Council and Voluntary Infant Welfare Centres in the County together with average attendances :—

County Council Centres.

		Opened.		Average attendance.
Blackheath	—	Weekly	—	102
Bromsgrove	—	Weekly	—	61
Cradley	—	Weekly	—	59
Crabbs Cross and Astwood Bank		Fortnightly	—	30
Catshill	—	Weekly	—	39
Droitwich	—	Fortnightly	—	44
Halesowen	—	Weekly	—	89
Lye	—	Weekly	—	80
Rubery	—	Weekly	—	40
Redditch	—	Twice weekly	—	48
Stourport-on-Severn		Fortnightly	—	33
Worcester	—	Fortnightly	—	4

Voluntary Infant Welfare Centres.

Alvechurch	—	Fortnightly	—	55
Beoley	—	Monthly	—	19
Broadway	—	Fortnightly	—	18
Belbroughton	—	Weekly	—	13
Bretforton	—	Fortnightly	—	22
Badsey	—	Fortnightly	—	22
Evesham	—	Weekly	—	58
Fairfield	—	Weekly	—	13
Littleton	—	Fortnightly	—	19
Malvern Link	—	Weekly	—	33
„ Poolbrook	—	Weekly	—	28
„ Newtown	—	Weekly	—	34
Norton	—	Monthly	—	20
Ombersley	—	Fortnightly	—	11
Stourbridge	{	I.W.C. twice weekly.		
		Toddler's Clinic Fortnightly		60
Tardebigge	—	Fortnightly	—	16
Upton-on-Severn	—	Monthly	—	13
Wribbenhall	—	Fortnightly	—	26
Wythall	—	Fortnightly	—	19
Welland	—	Fortnightly	—	14

During the year Infant Welfare Centres were opened at Droitwich and Norton.

It will be seen that the County Infant Mortality rate was 51 compared with a figure of 61 for 1934.

The average annual mortality rate for the years 1925 – 1934 was 67 per 1,000 Live Births.

Unmarried Mothers.

The annual Grant of £420 to the Greenhill Hostel, Kidderminster has been continued. The numbers of Mothers accommodated averaged 14 and the number of babies averaged 18.

The number of cases admitted during the year was 32. Each case stays in the Institution for an average of four months.

There were no cases of Puerperal Fever, Puerperal Pyrexia, or Ophthalmia Neonatorum and no Maternal death.

The outstanding difficulties connected with this Hostel are the overcrowded state of the Nursery, the absence of a day Nursery, and certain structural repairs, including the roof, which has made it necessary to consider whether it would not be better to reconstruct rather than to "patch up."

A small Sub-Committee met representatives of the Hostel Committee early in 1936, to consider a comprehensive report by the Architect providing for the erection of a new Nursery, a Verandah, the provision of electric light, central heating and cubicle accommodation for the Staff.

The total cost which includes the demolition of certain parts of the older building is approximately £2,000. The County Council have agreed to pay £1,000 or one half the actual expenditure provided the balance is raised through the local efforts of the Hostel Committee.

The administration of the Hostel is satisfactory.

The training of Nursery Nurses at this Hostel has been continued; already some of the successful trainees have passed their examinations and obtained satisfactory posts.

Nursing Homes Registration Act, 1927.

In 1935 there were 32 Nursing Homes on the Register. Each Home is visited half yearly by an Assistant County Medical Officer, whose report is submitted to me.

In one case a lengthy enquiry was necessary to investigate certain charges but as the Home shortly afterwards changed hands, no definite action on the part of the Council became necessary.

The following action was taken in 1935 :—

No. of applications for Registration	—	—	5
No. of Homes Registered	—	—	5
No. of Orders refusing or cancelling registration	—	—	—
No. of appeals against such orders	—	—	—
No. of applications for exemption from registration	—	—	—
No. of applications for re-registration when removed to new premises	—	—	—
Homes have been exempted from Registration	—	—	9

Birth Control.

No Birth control clinics have been established, but an arrangement has been continued whereby cases are referred to the Birmingham Womens Welfare Centre to which the Council make a small annual donation.

Ophthalmia Neonatorum.

The following Table shows the number of cases in 1935 together with particulars of treatment and the result :—

Cases.			Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.	Removal from district.
Notified.	Treated.						
	At Home.	In Hospital.					
County M. & C.W. area —	9	3	10	2	—	—	—
Kidderminster Borough —	1	5	5	—	—	—	1
Oldbury Urban District —	7	4	9	—	—	1	1
	17	12	24	2	—	1	2

Both infants who have impairment of vision were treated in a Special Eye department of a General Hospital. There was no difficulty experienced or delay in obtaining institutional treatment.

Educational Work.

During 1935, 22 lectures on health subjects were given to the local branches of the Women's Institutes and similar organizations.

At the County Infant Welfare Centres the following honours in the National Parentcraft Competitions for 1935 were gained, viz. :—

Rubery Centre.	4 First Class Honours. 3 Second Class Honours.
Blackheath Centre.	3 Honours Certificates. 2 First Class Certificates. 2 Second Class Certificates.
Halesowen Centre.	1 Honours. 3 First Class Certificates. 2 Second Class Certificates.
Malvern Centre.	Three Honours Certificates with Distinctions. One Honours Certificate. Two First Class Certificates. Two Second Class Certificates.

The following Lectures were given to District Nurses and Midwives during 1935 and the large attendances have been most encouraging, viz. :—

Two were provided by the County Council, as under :

1. Ante partum and post partum haemorrhages.
Lecturer, Miss Thomas.
2. The care of the Infant during first 2 weeks of life.
Lecturer, Dr. Frances Braid.

The Pilgrims Trust, through the College of Nursing arranged for Dr. Catherine Morris Jones to give a Lecture on "Maternity and Child Welfare."

The Midwives Institute arranged for Sir John Robertson to give a Lecture on "History of early Midwifery."

Mothercraft Lectures were given to the senior children attending Elementary Schools at Cradley by Miss Robson, at Blackheath by Miss Ashton and at Evesham by Miss Vineall.

Venereal Diseases.

Conferences have been held between representatives of the Public Health and Housing Committee, the Corporation of Worcester and the Royal Infirmary Committee regarding the accommodation provided for, and the staffing of, the Worcester Venereal Diseases Clinic.

The opinion was expressed by a Medical Officer of the Ministry of Health who had visited the Centre that the existing arrangements are not altogether satisfactory.

The County Council has agreed to the appointment of a whole time orderly for the V.D. Clinic, who has already taken up his duties. As from the 1st April 1936 the examination of pathological and bacteriological specimens in connection with the V.D. Clinic will be undertaken at the Worcester Royal Infirmary Laboratory.

Plans for the building of a new out-patient clinic have been prepared and the details are being considered by the interested parties namely the Corporation of Worcester, the County Council and the Worcester Royal Infirmary Committee.

Several members of Committees have asked whether any good result has followed the introduction of the Venereal Diseases Clinics, with the treatment at the expense of the ratepayers, for sufferers from these diseases.

Syphilis.

There is little doubt that the incidence of Syphilis has steadily decreased in the post-war period. The national figures for all centres, published by the Ministry of Health, give more reliable evidence than figures for individual local centres which may easily be influenced by local conditions such as popularity of the Medical Officer, efficiency of clinic arrangements, including privacy, etc.

The national clinic returns as to treatment indicate that the incidence of Syphilis reached a peak point in 1920 ; there was a rapid decrease in the following four years when the number of cases under treatment fell to nearly one half.

The figures for cases of Syphilis under treatment in 1934 provide a new low record which is considerably less than half the number receiving treatment in 1920. The opinion that these figures do represent an actual fall in the incidence of Syphilis is supported by the death rate of infants under one year of age certified as due to syphilis, the rate in 1934 being less than one quarter of the 1920 figure.

Gonorrhoea.

There is no evidence that the incidence of Gonorrhoea has been appreciably reduced.

In this connection the indefinite symptoms particularly in the female and the difficulty of effecting a permanent cure are factors of importance.

The reduction in blindness of the new born resulting from the germ responsible for this disease, cannot be properly used as evidence of the lessened incidence of Gonorrhoea. The preventive drops used by doctors and midwives and improved curative treatment must be accepted as the principal reasons for improvement in this direction.

The usual tabular statements are submitted.

VENEREAL DISEASES, 1935.

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Treatment Centre.	"NEW" OUT-PATIENTS.					"NEW" IN-PATIENTS.					IN-PATIENTS	Total Attendances of all Patients.					SALVARSAN SUBSTITUTES.		No. ceasing attendance before completing treatment	No. of specimens examined.
	Syph-ilis.	Gonorr-hoea.	Soft Chancres	Not V.D.	Total	Syph-ilis.	Gonorr-hoea.	Soft Chancres	Not V.D.	Total days.		Syph-ilis.	Gonorr-hoea.	Soft Chancres	Not V.D.	Total attend-ances.	No. Treat-ed.	No. of doses		
Worcester	15	15	—	27	57	2	1	—	2	225	489	606	—	212	1307	—	286	60	241	
Royal Infirmary Kidderminster	10	21	1	77	109	2	2	—	—	262	340	926	—	98	1364	45	232	5	206	
General Hospital Birmingham	19	34	—	47	100	4	3	—	5	243	1523	2109	—	275	3907	200	1067	20	1082	
General Hospital Guest Hospital, Dudley	4	16	—	11	31	—	—	—	—	—	389	857	—	37	1283	26	118	7	224	
Corbett Hospital, Stourbridge	11	13	—	13	37	—	1	—	—	71	339	1664	—	40	2043	47	199	48	257	
Totals 1935	59	99	1	175	334	8	7	—	7	801	3080	6162	—	662	9904	318	1902	140	2010	
Corresponding totals 1934	70	94	4	159	327	16	19	—	2	937	3316	6658	37	695	10706	—	1311	101	2275	

VENEREAL DISEASES.

This Table compares the number of County cases treated at Clinics in 1935, with those in the ten preceding years, viz. :—

Year	Worcester			Kidderminster			Birmingham			Dudley			Stourbridge			Grand Total
	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	
1925	17	17	34	29	13	42	9	29	38	17	11	28	3	13	16	158
1926	9	27	36	28	15	43	12	19	31	4	19	23	7	23	30	163
1927	18	26	44	15	23	38	12	27	39	4	16	20	8	33	41	182
1928	16	25	41	17	19	36	17	18	35	3	16	19	10	17	27	158
1929	24	42	66	33	25	58	18	51	69	1	4	5	4	15	19	217
1930	20	40	60	35	27	62	23	43	66	15	14	29	17	36	53	270
1931	21	41	62	21	24	45	30	42	72	9	12	21	10	29	39	239
1932	20	35	55	21	23	44	23	55	78	4	15	19	11	15	26	222
1933	17	21	38	9	16	25	33	48	81	12	19	31	11	23	34	209
1934	17	21	38	14	10	24	21	35	56	6	11	17	12	17	29	164
1935	15	15	30	10	21	31	19	34	53	4	16	20	11	13	24	158

Orthopaedic Treatment of Cripples.

In-Patient Treatment.

The following Table gives the number of cases treated under County Schemes as in-patients in Hospitals :—

	Non-Pulmonary Tubercular Cripples.	School Children.	Crippled Infants	Total
Birmingham Royal Cripples Hospital	44	48	12	104
Shropshire Orthopaedic Hospital —	3	2	—	5
Warwickshire Orthopaedic Hospital	1	1	—	2
Worcester Royal Infirmary —	4	5	3	12
Worcester, Newtown Hospital —	12	—	—	12
Birmingham Children's Hospital —	2	—	—	2
Kidderminster General Hospital —	1	—	—	1
	67	56	15	138

The 67 cases of tuberculosis were :—

Spine Cases —	—	—	32
Other Bone and Joint Lesions			35

Out-Patient Treatment.

The numbers of cases and total attendances at the Clinics are set out in the following Table :

1935.

Centre.	Number of School Children attending.	Total attendances by School Children.	Number of Infants attending.	Total attendances by Infants.	T.B. Cases attending.	Total attendances by T.B. cases.
Stourbridge -	248	768	71	302	33	145
Redditch -	101	344	59	262	15	41
Worcester -	57	152	31	47	26	73
Broad St., Birmingham -	41	448	15	185	39	120

The work has been continued on substantially similar lines to those in previous years.

The figures given in the Tables are not exceptional. There has been some reduction in the number of crippled school children, but on the other hand there has been some small increase in the number of infants attending the clinics. This, I think, may be taken as a good sign in that orthopaedic defects are being referred for treatment at an earlier stage when end results may be expected to be favourable.

(1) *Stourbridge.*

The Stourbridge Orthopaedic Clinic has been held at New Road, Stourbridge, for a number of years. On days when the Orthopaedic Specialist attends there is not infrequently overcrowding. A complaint was received that proper privacy for the undressing of adults did not exist. The position of this clinic in the Centre of Stourbridge is good and convenient for patients generally and for this reason steps have been taken to meet the Borough of Stourbridge, the Owners of the property, and the Stourbridge Infant Welfare Association who are the immediate tenants, to discuss the whole question. Plans have now been prepared which provide for the acquisition of the adjoining house and for extending the existing premises on this site. It is hoped that the work will be put in hand at an early date.

Massage Clinic.

There were 2,792 attendances at this Clinic during the year. 2,241 were School children, 294 infants, 50 tubercular and 207 other cases.

(2) *Redditch.*

The arrangements for massage at the Smallwood Hospital, Redditch are not proving entirely satisfactory and the question is being reopened with the Hospital. It is hoped that certain difficulties known to exist may be overcome.

(3) *Worcester.*

Miss Lacey, who was employed by the Worcester Association for Moral and Physical Welfare as an Assistant to Miss Woods in connection with remedial exercises Classes held in Schools, resigned her appointment to take up a whole-time post. It is hoped to obtain at an early date the assistance of a substitute who will be on the Staff of the Worcester Association.

Children Act, 1908, and Children and Young Persons Act, 1932.

Infant Life Protection.

At the end of the year, there were 65 children in the care of 60 registered foster-mothers

Two children died during the year, but in neither instance was there any suggestion that the child had not been properly cared for.

The Official Visitor (Miss J. C. Butler) reports that she paid 250 visits under this heading in 1935, including inspection of homes referred for possible registration, inspection of holiday homes and temporary residences, interviews arranged with parents, special health visits, and investigations in cases of delayed payments. In addition, of course, quarterly reports are obtained from the local Health Visitor or District Nurse in each of the registered cases.

The question of payments to foster-mothers in respect of the children in their care still presents difficulty.

Two children were admitted to the Royal Albert Orphanage owing to the inability of the parent to make adequate provision for their maintenance.

Institutional treatment was provided in two cases by the Public Assistance Committee, and assistance in the form of out-relief given in two other cases.

As in former years, I have to acknowledge much useful help given by the Worcester Diocesan Association for Moral Welfare and other Voluntary Organisations. Greenhill Hostel has given prompt assistance in accepting children in emergency and the County Council has also been able to assist the Hostel in placing their well cared for children with suitable foster-mothers.

SECTION C.

Sanitary Circumstances of the Area.

WATER SUPPLIES.

Information as to the sufficiency of existing water supplies of the County Sanitary Districts was detailed in my Annual Reports for 1933 and 1934.

The three years of low rainfall has resulted in a severe test of the sufficiency of the County supplies as a whole. It will be seen from the following details that a number of steps have been taken to improve the water supplies of the various districts, but I must admit that some parishes, particularly in South East Worcestershire, still have a far from satisfactory supply. I refer in particular to certain parishes in the North of the Pershore Rural District and certain parishes added to the Evesham Rural District in recent years. The low rainfall of the last few years has only accentuated and drawn attention to what is in normal times an insufficient water supply.

It is disappointing to report that the support from the Ministry of Health towards the cost of necessary water schemes has been withdrawn before a solution has been found for one of the most serious problems in connection with water supplies that exists in the County. I hope that it will be possible for the Minister to re-introduce some assistance in this direction at a future date, as the cost of these schemes without assistance is almost prohibitive.

Urban Districts.

Bewdley Borough.

A new storage reservoir to hold a million gallons has been sanctioned and the work is to begin almost immediately.

Bromsgrove Urban and Droitwich Borough.

The main portion of these sanitary districts is adequately covered by the East Worcestershire Waterworks Company whose supply, both as regards quality and quantity, is satisfactory.

Evesham Borough.

Dr. G. E. Harthan records that the water supply in this third year of low rainfall was fairly well maintained with assistance from outside sources.

Dr. Harthan goes on to say " Experience has shown clearly " that the additional sources of supply you are planning to obtain " will always be needed in years of drought ; and, in time to come, " in normal years, to meet regular requirements if the Borough " continues to develop as rapidly as it is doing. Although, at the " present time, in years of normal rainfall the existing supplies are " adequate, provision for the future merits all the attention you " are giving to it."

If, as I hope, the Evesham Borough is able to obtain an additional supply, I hope it may be possible to consider whether or not any surplus which is disclosed could be made available for such parishes as Cropthorne, Charlton and Fladbury (Persnore Rural District) which are at present without a satisfactory supply. Considerable thought has been given to the question of a bore hole supply for these three parishes, but at the moment, so far as I am aware, no steps to put this scheme into force are likely in the immediate future.

Halesowen Urban.

The Halesowen Urban District has a satisfactory supply from the South Staffordshire Waterworks Company. As mentioned in previous Reports, a rural portion of this District, namely, Illey, had an inadequate supply. The County Council in February 1934 agreed to the principle of assisting the Urban District in a guarantee to the South Staffordshire Waterworks Company in connection with the extension of their mains to this portion of the District. This work has been carried out, and any deficiency on the guaranteed sum, approximately £100 a year, will be met by equal contributions from the Halesowen Urban District Council and the County Council. It should be pointed out that the assistance given in this particular instance is rather unusual, as usually assistance is only required by rural districts, but in this instance special circumstances arose in that a differential rate is levied in the Illey portion of the District which made the extension of mains extremely unremunerative from the point of view of the Local Authority.

Kidderminster Borough.

Dr. J. R. Craig states that samples of the tap water taken at all points of the town at fortnightly intervals proved the water to be highly satisfactory on every occasion. It should be noted that chlorination, which was introduced when a water-borne outbreak of disease occurred a few years ago, has been maintained since that date. The satisfactory fact is also recorded that there has been a total absence of the enteric fever group and a relative reduction in the incidence of infantile diarrhoea commonly met with in the autumn months of the year.

Oldbury Borough

The water supply from the South Staffordshire Waterworks Company is stated to be satisfactory both in quantity and quality.

Redditch Urban.

The water supply from the East Worcestershire Waterworks Company is satisfactory in quantity and quality. Some 500 feet extension of mains was carried out during the year.

Stourbridge Borough.

The supply is satisfactory as regards quantity and quality, but rather on the hard side.

Stourport-on-Severn Urban.

The supply is obtained from Bewdley Borough and the recent works undertaken, or proposed to be undertaken, by this latter Authority are largely necessitated by the increasing requirements of the Urban District of Stourport-on-Severn which has grown rapidly in recent years.

*Rural Districts.**Bromsgrove Rural.*

Extension of the water mains by the Birmingham Corporation are being made in the Cofton Hackett area to serve two large groups of housing development.

Wythall Parish. The mains have been extended some 750 yards along the Alcester Road. Forty three houses are now supplied by a tap supply in place of wells.

Clent Parish. The difficulty previously mentioned at Adams Hill in this parish has been solved by the provision of a reservoir and pumping plant, a supply being obtained from the Stourbridge and District Water Board.

As previously mentioned, this rapidly developing Rural District is fortunate in having available, in some parts of the district, piped supplies from the East Worcestershire Waterworks Company, the Stourbridge and District Water Board, the Birmingham Corporation mains, and the South Staffordshire Waterworks Company.

Droitwich Rural.

The bulk of the district is supplied by wells, but the East Worcestershire Waterworks Company's supply is available on the main road between Droitwich and Bromsgrove. In 1929, the County Council agreed with the Rural District Council to act as guarantors for a small extension of the East Worcestershire Waterworks Company's main to supply the hamlet of Upton Warren. This scheme is now more or less self supporting.

The Public Health and Housing Committee met representatives of the Rural District Council and have promised to assist towards the cost of the extension of the City of Worcester mains to Fernhill Heath (Claines parish). This was considered in conjunction with a sewerage scheme for the village, but a Ministerial Inquiry for the purposes of raising a loan and ascertaining what central assistance (if any) is available, has not yet been held.

Evesham Rural.

The foresight, courage and wisdom of the administrators of the Evesham Rural District in the past was demonstrated by the fact that the Evesham Rural District supply was not only sufficient to meet the demands of the parishes included in the scheme, but a surplus was available for the adjoining Borough of Evesham, which was urgently needed in order that restrictions might not be unduly severe or harsh. In this connection, the new storage reservoir erected at Stanway was mainly responsible for the satisfactory state of affairs. A contribution of £542 6s. 0d., which was one-quarter of the actual cost, was made by the County Council in order that this work might be proceeded with as a matter of urgency in view of the drought.

Certain parishes as previously mentioned, such as the Lenches, Inkberrow and Abbotsmorton, are not in such a happy position and without assistance of some kind from schemes such as that recently operated by the Ministry, the Rural District Council can hardly be blamed for not taking action. I hope that the same spirit of progress will allow of the Evesham Rural District Council bringing these parishes to the same high standard as those that are included in their village scheme. Another small parish, Bickmarsh, is in need of an improved supply, but so far the cost of the extension of the mains has been found an obstacle by the Evesham Rural District Council.

Kidderminster Rural.

The Rural District of Kidderminster have made full use of the assistance available from the County Council and the Ministry of Health in connection with the water supply of their district.

Wolverley Water Supply. This was the original scheme provided by the Rural District Council, water being obtained from a bore hole at Cookley. A grant from the County Council was made amounting to £50 per year towards the annual deficit. No contribution is at present payable, the scheme being self-supporting.

Arley and Shatterford Water Supply. The County Council agreed to pay up to £130, or 50 per cent. of the annual deficit, towards the cost of this scheme. The scheme is now self-supporting.

Trimpley and Habberley Water Supply. A contribution of £30, or 50 per cent. of the annual deficit, was promised by the County Council. This scheme is now self-supporting. In both these schemes the water is obtained from the aqueduct of the Birmingham Corporation, the water being purchased in bulk from that Authority and distributed throughout the area by District Council mains

Chaddesley Corbett Water Supply. The extension of the Cookley bore-hole scheme to the village of Chaddesley Corbett, with a number of other hamlets and houses supplied on route, has been agreed to by the Ministry of Health and the work is now well in hand. The County Council has agreed to make a similar contribution to that fixed by the Minister.

Rock Water Supply. This is one of the largest parishes in Worcestershire geographically, the population being distributed over the area mainly at isolated farms and hamlets. As a result a water scheme which was badly needed was found to be extremely costly. A contribution of £2500 has been promised by the Ministry and a similar contribution by the County Council. The water is to be obtained from the Birmingham aqueduct.

These schemes should solve the water difficulties of the Kidderminster Rural District with the exception of isolated houses where it would not be remunerative to attempt to provide a piped supply.

Martley Rural.

There is said to be no acute shortage of water in the Martley Rural District. In connection with a proposed sewerage scheme for Rushwick, the County Council agreed to consider assisting towards a piped water supply in the event of a contribution being also made by the Minister.

Pershore Rural.

Two small extensions of the Pershore water supply, obtained from the Bredon Hills, were agreed to by the County Council. The first was to the village of Peopleton, which work has now been completed, a grant of £200 being made by the County Council and the Ministry of Health. A similar sum has been promised towards Wick water supply which is also an extension of the Pershore mains.

Gréat Comberton Water Supply. The springs supplying this village have been purchased ; additional supplies have been obtained and new mains and tanks have been laid. The County Council has promised to make a similar contribution to that made by the Minister of Health and the work is in hand.

As previously mentioned, the major problems of the water supply of Pershore remain to be solved. Water was carted for considerable periods to Throckmorton, Naunton Beauchamp and Dormston. There are also other parishes, such as Norton and Stoulton, where difficulties are experienced

Tenbury Rural.

The general water supply of the district, which is mainly from wells, with the exception of the town of Tenbury, held out well and there was no general shortage.

Upton-on-Severn Rural.

Assistance has been given by the County Council towards the Upton-on-Severn bore-hole scheme, the sum of £150, or one half the deficiency, being promised for a period of two years. At the end of that period the matter is to be reviewed.

Complaints were received that there was a shortage of water in the Queenhill district. I understand that water was carted twice weekly from the Upton bore-hole to the Council houses. Certain other premises, such as Long Cover Farm, were also stated to be carting water.

A proposal for the adoption of a water scheme for the Upton-on-Severn Rural District as a whole was considered by the Rural District Council but was rejected.

Drainage and Sewerage.

Bewdley Borough.

Kidderminster Borough.

Stourport-on-Severn Urban.

Conferences held between these three Authorities resulted in the appointment of an Engineer to prepare a scheme for a joint disposal works. Bewdley has no disposal works; Kidderminster uses a large farm for broad irrigation; and Stourport-on-Severn have a similar farm on the outskirts of their district. Although the scheme has been prepared, difficulties over the cost have not yet been solved and the work has not yet commenced. The County Council has promised to assist the Borough of Bewdley as, without such assistance, the charge would be prohibitive.

Bromsgrove Urban.

The long delayed sewerage scheme for the Bromsgrove Urban District, which comprises Bromsgrove and part of the old North Bromsgrove District, has been finally settled and the work is well in hand. This has been one of the outstanding requirements of Worcestershire, as the area in question is rapidly developing. This particularly refers to the Catshill and Lickey areas which were unsewered previously. The separate works at Rubery are in need of improvement and no doubt this will receive consideration by the Urban District Council when their larger scheme is completed.

Droitwich Borough.

The new works are satisfactory.

Evesham Borough.

Complaints of nuisance have from time to time arisen in connection with the sewage disposal works of this Authority. This is caused by the proximity of the works to the town and results very largely from the difficulty experienced in sludge disposal. A consulting engineer has been retained and has prepared two schemes. These were considered by the County Council who met representatives of the Evesham Borough Council. The County Council, although unable to assist in the cost of the scheme, were of opinion that the more costly scheme, which provided for the removal of the works entirely to a new site, would prove advantageous in the long run to the Borough. No decision as to which of the two schemes is to be adopted has yet been reached.

Halesowen Urban.

Halesowen Urban District Council is a constituent authority of a Joint Drainage Board. The only points of interest to note during the year were certain complaints with regard to sewage being discharged into the River Stour from time to time and in connection with the disposal of trade waste, mainly acid, which is not admitted into the sewers of the Joint Drainage Board.

Malvern Urban.

An Inquiry has been held by the Ministry of Health and extension of the sewers to the Guarlford part of the district has been agreed to. An application for assistance was considered by the County Council who were unable to accede to the request of the Urban District Council.

Oldbury Borough.

September 1935 saw the completion of the first instalment of improvements to the sewage disposal works, consisting of new tanks and filter beds. The effluent is now stated to be satisfactory. The second instalment is now in progress ; further beds are to be laid down and a pumping station provided.

Redditch Urban.

A complaint was received in connection with the effluent discharged into a stream from the Hunt End disposal works. At the time of a visit paid by me there were grounds for complaint and I suggested that a consulting engineer should be called in as the arrangements for sludge disposal did not appear to be satisfactory.

Complaints have been received from the Warwickshire County Council with regard to the effluent from the Council's works at Ipsley which is discharged into the River Arrow. I have visited these works on more than one occasion ; sometimes the effluent is satisfactory ; sometimes it is not. There can be little doubt that at times the tanks and filters are overworked and undoubtedly part of the difficulty was caused by certain trade wastes discharged into the sewers. The action taken by the Officers of the Local Authority has traced this effluent to its source and the steps taken are likely to obviate a further nuisance in this direction.

It is understood that steps are being taken to provide for additional means of dealing with the sewage by the provision of new works further down the river.

Complaints have been made with regard to cesspools in outlying parts of the district. Dr. Follows comments "Redditch Council does not undertake the emptying of cesspools. Considerable difficulties are experienced in certain parts of the area in dealing with the effluent from cesspools."

Stourbridge Borough.

The arrangements appear satisfactory.

Bromsgrove Rural.

Hunnington and Romsley Sewage Disposal Scheme. This small disposal works provided for Hunnington and Romsley resulted in a very heavy sewerage rate for the inhabitants. In 1933, the County Council agreed to assist, with the Rural District Council, in reducing the rate levied on the parish, the annual deficiency being met by the two Authorities in equal proportions; and the overdraft on the account has been wiped out. This arrangement is to be reviewed in 1938.

Wythall Sewerage Scheme. The County Council have expressed their willingness to assist in providing a sewerage scheme for the parish of Wythall. An Inquiry was held by the Ministry of Health on the 2nd January 1936, but the matter has been delayed for a considerable time. The County Council has decided that unless the matter is proceeded with without further delay, their offer of assistance will be withdrawn.

A sewerage scheme for Stoke Works Village has been approved by the Minister. This scheme was not assisted by the County Council, but an extension of the original proposals to include other parts of the parish of Stoke Prior has been agreed to and the County Council have expressed their willingness to assist in any deficiency on this scheme, subject to its approval by the Minister of Health. Work on this scheme has now commenced.

An extension of the sewer has been laid in Cofton Hackett parish to deal with the Cofton Hall Estate, and arrangements have been concluded for an extension of the sewer at Kendal End. The Rural District Council have instructed Engineers to prepare a sewerage scheme for Hopwood Village, with the necessary extension of disposal works at Lye Bridge.

Droitwich Rural.

It has previously been mentioned that water and drainage schemes are required for Fernhill Heath. The County Council has promised assistance towards both these schemes subject to the Minister assisting towards the cost of the former.

The present sewerage facilities in the parishes of Dodderhill, Upton Warren, Hartlebury and Ombersley are insufficient.

Evesham Rural.

Mr. R. J. Atkinson (Chief Sanitary Inspector) records the provision of a small sewerage and sewage disposal scheme at Hinton-on-the-Green.

Dr. Harthan in dealing with pollution of brooks states :
 “ Pollution of brooks at Bretforton and Littleton can only be
 “ brought to an end when sewerage and disposal works are provided
 “ to deal with the sewage in these areas.” Disposal works are
 required at Bretforton, The Littletons and Cleeve Prior.

Martley Rural.

Rushwick and Upper Wick. Sewerage facilities of an unsatisfactory kind are available for a number of houses erected just outside the City boundary at Rushwick. The existing arrangements are highly unsatisfactory and as the inhabitants depend upon wells for a water supply, the potential danger to health of the inhabitants is considerable. The Martley Rural District Council have instructed a firm of consulting engineers who have prepared a scheme which is undoubtedly a very expensive one for the number of persons who will enjoy the facilities. The matter has been taken up with the adjoining Authority of the City of Worcester, and the Rural District Council have been told that the County Council is prepared to assist, subject to the scheme finally adopted being approved by the Minister of Health, but that the scheme must be proceeded with without delay otherwise the offer will be withdrawn.

Pershore Rural.

No proper sewerage scheme exists for the town of Pershore, although an increasing number of properties are being connected with the existing sewers which discharge into the River.

Tenbury Rural.

Dr. White comments as follows :—

“ *Drainage and Sewerage.* Drains were relaid at 15 premises
 “ and repaired at 19. Only one new connection was made to
 “ the public sewers at Tenbury, and only one conversion of earth
 “ closet to water carriage system. Whilst the present system of
 “ pail closets and the removal of night soil is efficiently carried out,
 “ it is out of date at the present time in a town with the urban

“ character of Tenbury, and a small sewage works is the first step
 “ in bringing about a change, which will be of benefit to public
 “ health and increase the popularity of the town from a residential
 “ point of view. Grants are being made by County Councils for
 “ this purpose, where the cost would be unduly heavy on the
 “ local rates.”

Upton-on-Severn Rural.

An Inquiry has been held by the Ministry of Health into the need for improved arrangements for sewerage and sewage disposal in Powick parish. A small disposal works, which is not satisfactory, is available for the village of Powick and another works is available for the Callow End portion of the parish which is reasonably satisfactory. The works maintained by the Powick Mental Hospital Committee are quite inadequate for an Institution of this size. Further development in the Bastonford portion of the parish resulted in the preparation of a scheme to include this Bastonford portion and the Powick Mental Hospital. At the present moment the best means of dealing with the problem has not yet been finally decided upon and the question of County Council assistance is held over until more information as to both water supply and the details of the disposal scheme are available.

Refuse Disposal.

The improvement in the methods of collection and disposal of refuse in the County has been marked during recent years.

In Urban Districts there are some outstanding examples of efficient controlled tipping. The general principles which are necessary to make this method of disposal satisfactory are known and practised in districts in this county.

A few years ago there were no organised arrangements for dealing with refuse disposal in Rural Districts. A visit to almost any village disclosed large collections of tins and other incombustible material which could not be disposed of by individuals in their gardens or by burning.

Any suggestion that there should be a collection of refuse at regular intervals was looked upon as absurd a few years ago. Public opinion has altered and now demands that something should be done and in almost every Rural District some kind of scheme has been introduced.

Evesham, Kidderminster and Martley Rural Districts have organised schemes covering the whole of their areas.

Upton-on-Severn and Droitwich Rural Districts are also considering schemes for their areas.

Bromsgrove Rural District for many years has provided arrangements for the more urban parts of the district.

Tenbury Rural District, at present, restricts the arrangements to the Parish of Tenbury.

In some instances local authorities have purchased motor vehicles and provided the necessary staff for collection and disposal of refuse. In other instances the work is put out to contract but it is of interest to note that whichever method is adopted care is being taken in the selection of dumping sites and in the methods of disposal.

The intervals between collections are not uniform and are suited to the needs of the locality concerned.

Collections range from fortnightly intervals to quarterly collections in outlying parts.

Rivers and Streams.

River Severn.

The County Analyst made his customary survey of this river in July 1935 and reported that the river was not as satisfactory as on the date of the survey in the summer of 1934.

Rivers Arrow and Avon.

The survey of these rivers was made by the County Analyst in June 1935 when both rivers showed an improvement when compared with the report of 1934.

As a result of a communication received from the Warwickshire County Council an inspection of the Redditch Sewage Works was made in conjunction with officers of the Local Sanitary Authority and the Warwickshire County Council.

River Stour.

A complaint was received from the Kinver Parish Council (Staffordshire) as to the pollution of this river.

Now that the services of a County Sanitary Officer are available arrangements will be made for a joint inspection of the river with officers of the Staffordshire County Council.

The Local Authorities through whose areas the river runs have been notified of this proposed action.

Up to the time of writing, a portion of the river has been surveyed, and a number of owners of works who are discharging trade wastes into the river have been interviewed.

Schools.

Thirty schools were closed during 1935 to prevent the spread of infection. Of these closures 12 were in Urban and 18 in Rural areas.

The diseases for which closure was necessary were:— Measles, Scarlet Fever, Whooping Cough, Influenzal Colds, Influenza, and Diphtheria.

SECTION D.

Housing.

Information is obtained periodically from the Rural District Councils as to action taken or contemplated.

Grants of £1 per house have been made by the County Council under the Housing Act 1930 for houses to be occupied by members of the agricultural population as follows:—

Evesham Rural District, in respect of 70 houses.		
Martley Rural District	„	9 „
Droitwich Rural District	„	18 „
Pershore Rural District	„	12 „
Upton-on-Severn Rural District	„	30 „

Under the Housing Act of 1930, where complaint is made to the County Council, or where the County Council is of opinion that an investigation should be made as to whether a Rural District Council have failed to carry out their duties, it is prescribed that after public enquiry and on being satisfied of the failure of the Rural District Council, the County Council may make an order transferring to themselves the powers of the Rural District Council.

Under Section 32 of the Act of 1930 it is the duty of the County Council as respects each Rural District in the County to have constant regard to the housing conditions of persons of the working classes, the extent to which overcrowding or other unsatisfactory housing conditions exist and the sufficiency of the steps which the Rural District Council have taken, or propose to take, to remedy those conditions and to provide further housing accommodation.

Rural District Councils must also submit annual returns and other information, when required, as to their housing activities.

Arrangements have been made whereby the County Sanitary Officer in conjunction with the officers of the Local Sanitary Authority will visit two parishes in each rural area and carry out a complete housing survey; subsequently, I arrange with the Local Medical Officer of Health to visit and see any houses unfavourably reported on.

This work has already commenced and the results so far have shown that the conditions are less satisfactory than the County Council had been led to believe, and that the standard of fitness adopted, varies considerably in different districts.

The matter is being taken up with the Districts concerned.

The following letter was sent to each Rural District Council in March 1936 by the County Council as a preliminary step :—

“ The Public Health and Housing Committee have from time to time asked for information as to the housing position in the rural districts in the County. The information at present available from districts indicates that what have been considered the most active housing Authorities have in some instances rendered returns showing the largest number of unfit houses. On this account, and for other reasons, the Committee have been forced to regard the returns from some districts as providing unsatisfactory evidence of the actual housing position.

I am instructed to draw the attention of your Authority to the duties placed upon the County Council under Section 32 (1) of the Housing Act, 1930, and to point out that the Public Health and Housing Committee intend to exercise these supervisory duties, as they consider that there is room for substantial action to be taken, particularly in those parts of the County where the rural workers are poorly paid.

It has therefore been decided that an inspection of all houses provided for the working classes in two parishes in each rural district shall be made on behalf of the County Council. The County Medical Officer has been requested to arrange for the co-operation of the Officers of the District Councils in carrying out this survey. At the same time the records under the Housing (Inspection of District) Regulations will also be reviewed.

The survey has commenced in two areas of the County. Due notice will be sent to your Authority as soon as arrangements have been made for parishes in the area of your Authority to be surveyed.

In view of the additional work in connection with overcrowding surveys, the Committee instruct me to state that they propose to defer asking for progress returns relating to activities under the Acts of 1930 or 1935 until the 31st December, 1936."

Under the recent Housing Act of 1935, a census is being prepared by all County Sanitary Authorities in order to ascertain what dwelling houses are overcrowded and the number of new houses required in order to abate overcrowding.

I am of opinion that there is more active work actually proceeding in the Rural Districts of Worcestershire in connection with the improving of housing than at any time since I have been County Medical Officer. Staffs have been strengthened and the inspection of houses is being carried out and better recorded and filed. Even the Housing (Rural Workers) Acts are becoming a useful and not uncommon remedy where previously they were not welcomed at all.

Much remains to be done before the Rural standard can be claimed to be reasonably satisfactory throughout the County, but I am hopeful of further progress as there is a fuller appreciation of the needs of the people and also the responsibilities of the Sanitary Authorities in this connection.

Housing (Rural Workers) Acts 1926 & 1931.

In 1935 the grants approved by the Committee amounted to £3,416 8s. 4d. in respect of 37 dwellings, the loans in the same period being £282 9s. 6d. (3 dwellings). These figures compare very unfavourably with the previous year, when grants of £6,837 3s. 10d. (77 dwellings) and loans of £1,043 0s. 10d. (21 dwellings) were made.

The total grants approved by the Committee from the beginning of the Scheme up to the 31st December, 1935, were £34,653 9s. 8d. (381 dwellings). Apart from the applications which have been approved there have been 70 applications which have been refused by the Committee, while 44 others have been withdrawn by the applicants. The total loans up to the end of 1935 are £2,460 4s. 10d. (37 dwellings).

In no instance last year was a grant approved in respect of the conversion of a building not hitherto used for human habitation ; 11 such cases have been dealt with during the time the Council's Scheme has been in operation.

The Housing Act 1935, which came into operation on the 2nd August, 1935, extends the provisions of the Housing (Rural Workers) Acts until the 24th June, 1938, and also amends certain of the existing financial conditions, particularly those relating to the rate of interest chargeable on loans and to the rate of interest which is allowed on the Owner's portion of the expenditure, when calculating the maximum rental of a dwelling. This latter proviso was ante-dated, and consequently certain properties were affected. With one exception the Owners of these properties asked for the consequential amendment of the maximum rental to be effected.

In addition, the Act gave power to Local Authorities to acquire compulsorily properties for the purpose of reconditioning them.

The usual certificates that the restrictions upon the rental and tenancy which are imposed when a grant is made have been obtained from the Owners. The Committee have considered certain cases involving doubt, but in only one instance was it necessary to take any action. In this case the Owner was found to be charging a rental in excess of the maximum fixed by the Committee. The owner at the request of the Committee, reduced the rental to the proper figure, and refunded to the tenant the excess which had been paid.

The appointment of a County Sanitary Officer has been most helpful in investigating details and plans relating to applications. The co-operation of the Local Sanitary Officers has again been sought, and been willingly given.

Tents, Vans, Sheds and Similar Structures.

A very considerable increase in the number of these structures, particularly in close proximity to the river Severn, has occurred in recent years.

Dr. U. W. N. Miles, Medical Officer of Health, Bewdley Borough, states :—

“ On the evening of the August Bank Holiday I visited two fields in the District where a great number of people were camping. In both cases the latrine accommodation was

utterly inadequate for the large number of people in the camps, and the surroundings of such latrines as there were were in a filthy condition.

In other respects the camps were remarkably tidy and clean, as far as I could see.

The water supply for the camps was, in one case, the Town water from a stand pipe, in the other a pump which, I was informed, was barely sufficient for the needs of so many people."

Dr. L. H. Crosskey, Acting Medical Officer of Health, Kidderminster Rural District also refers to the bungalow problem in connection with the hamlet of Kingsford and in other parts of the District in proximity to the River Severn.

I have also had the opportunity of visiting a number of bungalows in the Droitwich Rural District while past reports have recorded the difficulties of Stourport-on-Severn Urban District Council in connection with the large collections of such structures existing in their area.

The Public Health and Housing Committee have from time to time considered this matter and feel that some effort should be made to secure uniformity on the part of adjoining districts which are visited by persons using these structures the majority of whom come from Birmingham and the industrial Midlands.

It serves no useful purpose if one district sets up a reasonable standard and the visitors promptly go over the boundary to an adjoining district where no such standard exists.

Efforts have been made during the year to remedy the position by issuing Demolition Orders and the closing of some of the unsatisfactory dwellings occupied for long periods, sometimes all the year round.

Control over the erection of some permanent dwellings is also being attempted in conjunction with the Town Planning Committee.

Two enquiries were held during the year, in this County, by the Minister of Health, in connection with appeals against the decision of the local sanitary authority.

It is intended to convene a meeting of the interested local sanitary authorities in the county when the existing measures including the strengthened bye-laws which have been issued by the Ministry of Health will be considered.

Perhaps it may be well to mention that I think the districts are adopting quite a reasonable attitude in that they do not wish to prevent persons coming into their areas and enjoying the amenities of the countryside but they do ask that proper arrangements for water supply and the disposal of refuse etc. should be provided. I am of opinion that there ought to be some powers to see that the sites selected are suitable ones and that the lay-out and the erections should present an orderly appearance with the number of erections limited to a suitable figure.

SECTION E.

Inspection and Supervision of Food.

The report of Mr. C. C. Duncan, the County Analyst which deals with the administration of the Food and Drugs Acts is published separately.

The reports of Medical Officers of Districts indicate that the inspections of meat and other foods, particularly milk, is now undertaken fairly generally, but in Rural areas the large numbers of licensed slaughter houses add to the difficulties of supervision.

I have received a complaint relating to the unequal distribution of samples taken under the Sale of Food and Drugs Acts and this question will be further investigated.

Milk Supplies.

Graded Milks.

A large amount of work was entailed in 1935 in connection with "Grade A" licences.

The number in operation at the end of December 1934 was 21, but in December 1935, this number had risen to 136.

Until September of last year the work of inspection fell on me and it was difficult to keep pace with the applications received.

The County Sanitary Officer was appointed in September and it was possible to clear off most of the arrears by the end of 1935 and to put into operation some proper scheme for periodical visiting.

In November, 1935, Mr. Walter Scott, F.R.C.V.S. was added to my staff as County Veterinary Officer. He is responsible for the veterinary inspection of all "Grade A" herds and has also been appointed a Veterinary Inspector under the Diseases of Animals Acts. In this way it is hoped the aims of Agriculture and Public Health may be co-ordinated.

Miss Pritchard, the County Dairying Instructress appointed by the Agricultural Committee, has been most helpful during a difficult period.

In view of the many problems and conflicting views, the milk scheme in this County has been introduced with remarkably little difficulty.

Milk and Dairies (Consolidation) Act, 1915.

Twenty-three complaints were received as to the presence of living tubercle bacilli in milk produced in the County and consumed in outside areas, or as to particular animals or herds where tuberculosis was suspected to exist. Eleven of the complaints came from the City of Birmingham and others from the London County Council, the Staffordshire County Council, the City of Worcester, Oldbury, Brierley Hill, Smethwick, &c.

All the complaints were investigated and the herds inspected and as a result 5 cows were slaughtered under the Tuberculosis Order, 1925. In an unusually large number of cases certain animals had been disposed of either during the period between the taking of the sample and the date of the veterinary examination, or before the biological tests upon samples taken at the time of the veterinary examination had been completed.

Mr. Walter Scott, the County Veterinary Officer, has supplied the following information as to the work he carried out between the 28th November 1935 and the 29th February 1936:—

Milk (Special Designations) Order 1923.

Milk and Dairies Order 1926.

No. of visits paid to Accredited Producers	—	251
Total No. of cows and heifers in the herds	—	6,562
Total No. of cows and heifers examined	—	5,066
Total No. of Samples taken	—	69
(Consisting of Milk : 67 ; Sputum : 2.)		

The results of the examinations of these samples were as follows :—

13 samples (including both samples of sputum) were found to contain Tubercle Bacilli. The affected animals, all of which were cows in milk, were immediately dealt with under the Tuberculosis Order of 1925.

In addition to the above, one cow was found to be coughing, and it was decided to apply the Double Intradermal Test, with positive results. This cow was also dealt with under the Tuberculosis Order, 1925.

Total No. of animals found to be suffering from the notifiable forms of Tuberculosis — 14.

The cows from which the remainder of the samples were taken were either temporarily or permanently excluded from the milking herds.

In addition, the following conditions were encountered necessitating temporary or permanent removal :—

Sores on the teats	—	3	Injuries to the teats	—	6
Injuries to the udder		2	Abcesses in the udder	—	1
Bloody milk	—	—	Retained placenta	—	2
Metritis	—	—	Johne's Disease	—	3
Pneumonia	—	—	Digestive Disturbance	—	1
Milk Fever	—	—			

School and Institution Milk Supplies.

During the period 28th November 1935, to 29th February, 1936, 31 visits were made to farm premises which supply milk to the various schools and institutions.

335 cows in milk were examined, the examination being identically the same as that carried out in the accredited herds, and it is gratifying to note that in only one instance was an abnormal udder detected. This cow was temporarily excluded from the milking herd.

At the request of one of the Assistant County Medical Officers visits were made to two milk producers and the cows examined. One cow was found to have an indurated quarter, and a sample of milk was taken and submitted to the Biological Test.

Milk and Dairies (Consolidation) Act 1916.

Seven notifications were received from other Local Authorities, regarding the presence of Tubercle Bacilli in samples of milk produced in Worcestershire.

Investigations were made, and in two instances the diseased cow was discovered and dealt with under the Tuberculosis Order 1925. In two instances, group samples from all the cows in the herds were taken and all were returned as negative. In one case a group sample was returned as positive, a further visit and examination was made, and individual samples were taken, but one cow had been sold for slaughter, and the individual samples were returned as negative, so it was presumed that the cow which was slaughtered was the culprit.

Now that Mr. Scott has completed the arrears it has been arranged that he should undertake routine veterinary inspection of all dairy herds in each rural district in turn, rather than selecting farms in various parts of the County.

The question of providing assistance to the owners of Tuberculin Tested herds in connection with the routine six monthly testing has been deferred until further information is available as to the amount of work entailed by the "Grade A" herd scheme.

Milk (Special Designations) Order, 1923.*"Grade A" Milk.*

For a number of years, there has been only a very small number of producers in the County licensed by the County Council for the production of "Grade A" milk. The operation of the Accredited Producers Scheme of the Milk Marketing Board on the 1st May, 1935, however, resulted in a very large increase in the numbers of applications received for "Grade A" licences and at the end of the year there were 136 licensed producers as against 21 at the beginning of the year.

The following is a summary of the applications dealt with during the year :—

No. of "Grade A " licences renewed for the year 1935	21	
No. of these licences relinquished during the year	2	19
	—	
No. of enquiries received during the year	231	
No of cases in which formal application was not subsequently submitted	17	
No. of cases in which a visit of inspection was paid, but formal application not then submitted	—	—
	10	27
	—	—
No. of formal applications received	—	204
No. of licences granted	—	122
	—	122
No. of these licences relinquished during the year	5	117
	—	
No. of cases in which a licence had not been granted at the end of the year	—	82
No. of cases where application was either refused, or not proceeded with by the applicant, after visit of inspection	—	15
No. of cases where one or more visits were paid and applicant informed of work required to bring premises up to "Grade A" standards	67	
	—	
Total No. of licences in force on the 31st December, 1935	—	136

Of the 136 licences in force at the end of the year, 35 were combined Production and Bottling Licences, and 101 Production Licences.

The following Table shows the number of licensed farms in the several Local Sanitary Districts :—

Local Sanitary District.	No. of Licensed Farms.		Total.
Bewdley Borough	—	2	
Droitwich Borough	—	2	
Oldbury Borough	—	2	
Stourbridge Borough	—	1	
		—	7
Bromsgrove Urban	—	5	
Malvern Urban	—	7	
Redditch Urban	—	7	
		—	19
Bromsgrove Rural	—	22	
Droitwich Rural	—	23	
Evesham Rural	—	13	
Kidderminster Rural	—	9	
Martley Rural	—	8	
Pershore Rural	—	12	
Tenbury Rural	—	7	
Upton-on-Severn Rural	—	16	
		—	110
Total			136

With the exception of one producer who had obtained a “ Grade A (Tuberculin Tested) ” milk licence from the Minister of Health, all the licences were renewed for the year 1936, although in one case a farmer who had held a production licence only, applied for a production and bottling licence, while in two cases producers who had formerly held production and bottling licences, applied for production licences only.

The “ Grade A ” milk produced on each of the licensed farms is sampled periodically during the year. Repeat samples are taken in any case where the milk fails to comply with the requirements of the Order, and, if necessary, a special visit is paid to the farm by the County Sanitary Officer.

Supply of Milk to School Children.

Details of these schemes were given in my last report.

On the 29th February 1936, supplies of milk were approved for 223 Schools (or Separate Departments) representing 27,356 children out of an average attendance of 30,874. The actual number of children receiving milk was 13,819.

The total number of persons or firms approved to supply milk to County Schools (including certain secondary schools) was 53.

During the year approval was withdrawn in respect of 8 suppliers (7 of whom had voluntarily relinquished the supply of milk to Schools) another supplier being approved in 7 instances.

211 samples were taken for cleanliness test and 113 for the tubercle test. In 61 cases the test for cleanliness was unsatisfactory and in 6 cases tubercle bacilli was found in the milk, 4 of these cases referred to pasteurised milk, 1 to Grade A milk and 1 to ordinary milk. In all these instances immediate action was taken. The importance of full investigation before the issue of Pasteurising Licences is not fully appreciated by all Sanitary Authorities. In two instances, new plants have been installed as a result of complaints made by the County Council.

Clean Milk Competitions.

Miss E. Pritchard (County Dairying Instructress) informs me that there were 54 entries in the Clean Milk competition: the biggest number during the last ten years.

Of these 54, 24 were in a special class formed at my request for the purpose of helping farmers who had applied for Grade A licences and for other producers to whom new licences for the production of graded milk had been granted.

Hop-Pickers' Accommodation.

The usual inspection of the accommodation provided for hop-pickers has been made and noticeable improvement has to be recorded on many farms. Unfortunately the weather conditions were not as favourable as in the past two years.

Where conditions were found to be unsatisfactory, communications were sent to the Rural District Councils concerned, requesting that the necessary remedial action be taken. In three instances it was suggested new barracks or fresh accommodation ought to be provided before the 1936 picking season.

A conference was held with local authorities and representatives of Education Committees from whose areas the pickers are drawn with the object of securing amendments in the existing byelaws. The Martley Rural District Council has introduced the new byelaws agreed to be necessary.

Mr. R. B. Worth, the Chairman of the Public Health and Housing Committee, visited a number of farms, when I took the opportunity of letting him see what in my opinion were some of the farms with the poorest accommodation and which had been the subject of complaints.

The arrangements referred to in my last Annual Report for Medical and Nursing attention in the hop fields have been continued and the County Council again voted the sum of £40 to be expended in grants to the organizations concerned.

Two cases of Diphtheria were discovered (on separate farms) in the Martley Rural District; both were removed to Hospital. There was no infectious disease notified in the Tenbury area.

The good work undertaken by the Salvation Army, the Diocesan Hop-pickers' Mission, the Roman Catholic Mission, the Church Army and County Nurses, was continued and was much appreciated.

Vaccination.

The districts of the Public Vaccinators and Vaccination Officers remain unaltered.

The records of these Officers have been examined each quarter.

The Annual Returns of Vaccination Officers with respect to infants whose births are registered are not made until 13 months after the completion of the year to which they relate; the last available figures are those for the year 1934.

Of the 4,363 births reported by the several Vaccination Officers in the Administrative County as having been registered during the year 1934, the number which, at the time the return was made, had been registered as successfully vaccinated was 1,649 (being 37.8 per cent. of the whole) and the number registered as having died unvaccinated was 150 (or 3.5 per cent. of the whole). Of the remaining children, 13 (or 0.3 per cent. of the whole) had been registered as insusceptible to vaccination ; 18 (or 0.4 per cent.) as having their vaccination postponed by medical certificate ; 2,427 (or 55.6 per cent.) in respect of whom certificates of conscientious objection were received ; and 89 (or 2.0 per cent.) as " removed " or " not found," leaving 17 (or 0.4 per cent.) not accounted for. If the deaths that took place before vaccination be deducted from the births returned by these Officers, it appears that, at the time of the Return, of the surviving 4,213 children, there were registered 39.1 per cent. as successfully vaccinated ; 0.4 per cent. as insusceptible to vaccination ; 0.4 per cent. as under medical certificate of postponement ; 57.6 per cent. in respect of whom certificates of conscientious objection to vaccination had been obtained ; and 2.1 per cent. as " removed or " not found," leaving 0.4 per cent. as still unaccounted for as regards vaccination.

The numbers of persons successfully vaccinated and re-vaccinated at the cost of the rates during the year ended the 30th September 1935 are given in the following Table :—

Number of Successful Primary Vaccinations of persons :—			Number of Successful Re-vaccinations.
Under one year of age.	One year and upwards.	Total.	
1339	55	1394	34

During the year, proceedings were taken in one case in which the parents had refused to have their child vaccinated.

Complaints have again been received from Public Vaccinators in connection with the non-payment for unsuccessful vaccinations. Before a certificate of insusceptibility to vaccination can be given, it is necessary for three operations to have been performed, which, in rural districts particularly, entails a considerable amount of travelling by the Public Vaccinator. I can

see the possibility of practitioners being unwilling to take up these appointments which in view of the falling birth rate and the rising "conscientious objector" rate, can by no means be termed remunerative. The payment of a nominal fee for the "insusceptible" vaccination is, in my opinion, a fair request. The Public Vaccinators get a lot of trouble, and forms to complete, and many get very little pay for their services.

SECTION F.

Prevalence of, and Control over, Infectious Diseases.

The following Table gives details of Infectious Diseases occurring in the County during 1935.

District.	Smallpox.		Scarlet Fever.		Diphtheria and Membranous Croup.		Enteric Fever.		Puerperal Fever.		Puerperal Pyrexia.		Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Ophthalmia Neonatorum.		Acute Poliomyelitis & Polio Encephalitis.		Pneumonia		Encephalitis Lethargica.	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (b)	Cases		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (a)	Cases	Deaths
<i>Urban</i>																								
Bewdley Borough			21		7	2					2		5	5	1		1				2	1		
Bromsgrove			47	1	17	1			3		1		26	11	8		1				20	20		
Droitwich Borough			11		13	6					1		2	2	2									
Evesham Borough			10		19		2		2		3		16	7	5	3						3		
Halesowen			39	1	30	2	1		2	2	6		34	17	7	2	3		2		40	16		
Kidderminster Borough			110	1	74	13				1	9		42	18	14	6	6				53	17		
Malvern			2		26	1	1				1		17	10			1				8	8		
Oldbury Borough			83	1	84	2				1	13		48	31	14	5	11				103	27	2	
Redditch			32		19				3	1	1		34	17	2		2				59	20	1	
Stourbridge Borough			124	1	110	18			2	1	15		38	19	11		1				23	16	1	
Stourport-on-Severn			27		7	3					14		10	1	1						7	2		
Totals			506	5	406	48	4		12	6	66		272	138	69	16	26		2		315	130		4
<i>Rural</i>																								
Bromsgrove			27		18	3	1				2		15	8	5	2					5	6		1
Droitwich			19		16	1							6	2	2	1	1				4	5		
Evesham			9		3						3		13	9	3		1				5	7		1
Kidderminster			25		5	1					4		9	7	1	1					6	6		
Martley			30		13	1					1		16	8	2	2		1	1		12	9		
Pershore			45		3	1	1				1		20	12	9	3					10	9		
Tenbury			2		5		1		1		1		4	4							1			
Upton-on-Severn			10		28	2	1				2		8	2	8	1					20	6		
Totals			167		91	9	4		1		13		91	52	30	10	2		1	1	54	43		2
Grand Totals			673	5	497	57	8		13	6	79		363	190	99	26	28		3	1	369	173		6

(a) The deaths refer to all cases of pneumonia, not those which are notifiable.

(b) The deaths refer to cases of Puerperal Sepsis.

Anthrax. Five cases were notified in Kidderminster Borough, one case proving fatal.

Cerebro Spinal Fever. Five cases were notified, one at Halesowen, two at Kidderminster, one at Redditch, and one in the Upton-on-Severn Rural District.

Smallpox.

No case was notified during 1935 and during the last 26 years only 8 cases with one death have been recorded.

As in most years, I saw a few cases of suspected Smallpox, but in almost every case in the last few years the disease has been severe Chickenpox in an adult, the only variation being one severe case of acute Lymphatic Leukaemia which was removed to a Smallpox Hospital before the diagnosis was made.

Scarlet Fever.

Average annual number of cases, 1915–1934	=	614
Average annual number of deaths, 1915–1934	=	6.8
Number of cases, 1935	— — =	673
Number of deaths, 1935	— — =	5

The number of cases in 1935, though above the average, is a reduction on the figure for 1934, viz. : 1,239.

It will be seen from the Table that each district in the County was affected. The case mortality, less than one per cent., is an indication of the mild form of the disease at present met with in Worcestershire. Certain other parts of England report the type is becoming more severe, but so far there is no sound reason for saying increased severity is likely to become general. The incidence in Stourbridge was high, and also in Kidderminster Borough where the epidemic of 1934 tapered off into 1935.

Diphtheria.

Average annual number of cases, 1915–1934	=	256
Average annual number of deaths, 1915–34	=	23
Number of cases, 1935	— — =	497
Number of deaths, 1935	— — =	57

The number of cases and deaths were well above the average.

The greatest number of cases occurred in Stourbridge, Kidderminster and Oldbury, but the incidence was also high in certain Rural districts, *e.g.*, Upton-on-Severn and Martley.

In Evesham Borough, the Bengeworth district was mainly affected ; 8 of the cases occurred in June and 6 in July. These cases, one hopes, represent the tail end of the outbreak which has been troublesome in Evesham during the last two years ; there were no deaths.

In Redditch the incidence of Diphtheria has fallen. Dr. Follows gives the following information as to immunization :—

“ Immunization clinics have been held each week, with the exception of the month of September, throughout the year 1935. These have been conducted for the most part at the Redditch School Clinic, but also on occasions at Astwood Bank and Feckenham Schools. The number of cases of diphtheria notified in the Urban District, *viz.*, 19, shews a decrease on the previous year ; as a consequence, therefore, the high pitch of enthusiasm for immunization evidenced in 1933–34 has not been maintained.

“ In spite of this, however, 438 school and pre-school children have been protected during the twelve months, which brings the total children injected to 1,227.

“ It is amongst the children under school age that we have been specially concentrating our efforts (to obtain consents), for it is only in this way that we can hope to reduce the incidence of diphtheria in the community.

“ Ninety-seven children under school age were protected during the year, which was an improvement on the previous year, making the total percentage of pre-school children injected of the possible total of such children to 21%, a figure still too low to have any effect on the incidence of diphtheria in the area.

“ No cases of diphtheria occurred amongst the immunized, and although 17 reactions occurred amongst the 438 cases (3.8%) in no instance was this serious, and in no case was a pre-school child involved.”

Dr. C. W. Sharpley (Oldbury Borough) finds the response to immunization facilities is disappointing. The death rate in Oldbury, 2 out of 84 notified cases, is very much lower than other parts of the County ; for example, in Stourbridge Borough 18 deaths occurred in 110 cases ; in Kidderminster Borough there were 13 deaths in 74 cases, both these being instances of an exceptionally heavy death rate which would presumably indicate a particularly virulent form of the disease.

Increasing demands have been made upon the Public Health Staff in connection with the immunization against Diphtheria.

At one elementary school in the County where an outbreak of diphtheria occurred, arrangements were made at the suggestion of the Ministry of Health, and with the concurrence of the Local Sanitary Authority, for one of the Assistant County Medical Officers to Schick test the children. The test was applied in 55 cases, 30 of which gave a positive re-action. In 5 other cases, although the re-action was not so definite, it was considered advisable for them to be immunised.

The parents of 3 children did not consent to prior Schick testing, but agreed to injections of T.A.M. being given. There was thus a total of 38 "susceptibles," 33 of whom received the full course of injections. Of the remaining 5 children, 3 received two doses each, but did not complete the course, as the parents withdrew their consent, whilst in the other two instances the parents, although agreeing to the original Schick testing, were not prepared to allow the children to be immunised, although they knew the children had been found, as a result of the Schick test, to be susceptible to the disease.

Dr. Quirke has practically completed the immunisation of the school children in Malvern whose parents have given their consent. The response in regard to pre-school children was very disappointing, but it is hoped the Malvern Urban District Council will endeavour to secure the immunization of children of pre-school age each year, as this group is the most vulnerable of the population.

Dr. Corlett has for some time been undertaking the immunization in the Halesowen area on behalf of the Local Sanitary Authority. There has been a fairly large demand for this measure of protection to be given to the children attending the schools and Infant Welfare Centres. The close proximity of this part of Worcestershire to Birmingham (where immunization has been undertaken for some years) is no doubt responsible to some extent for the considerable number of consents which has been received.

In all these instances the responsibility for the work rests upon the Local Sanitary Authority, the Officers of which carry out the necessary clerical work and the keeping of records in order that the after-histories may be ascertained if they are required at any time.

In the Borough of Stourbridge and the Bromsgrove Urban District some immunization has been done independently of the County Council.

So far as the work in which the School Medical Service assists is concerned, the prophylactic used is T.A.M., three doses being given at approximately fortnightly intervals. No preliminary or post Schick testing has been done as a rule, although the children attending one elementary school (already mentioned), one preparatory school, one Special Residential School, and one Cottage Homes, were all Schick tested before those children found to be susceptible were immunised. At the Special School, where a number of young adults over 16 years of age were included, it is clear that the comparatively low percentage of re-actors proved the advisability of making a preliminary Schick test. Dr. Corlett states that at the Cottage Homes dealt with by him, 61 children were tested and 31 re-acted. He goes on to say :

“ Divided into age groups the results were as follows :—

Children aged	8	No. tested	5	Schick Positive	5
„	9	„	4	„	2
„	10	„	7	„	4
„	11	„	10	„	4
„	12	„	3	„	1
„	13	„	18	„	7
„	14 & over	„	14	„	8
			61	Schick Positive	31

Children under 8 years of age not tested as the majority would have been Schick Positive.”

In regard to the Special School he says :—

“ I can only give rather rough estimates of ages as the young people here were done in sections. Roughly speaking the age of the sections corresponded to 13 years to 15, 15 to 17, 17 to 19 and 17 to 25 years.

	No. tested.	Schick Positive
Age Group 13—15 —	53	13
15—17 —	43	10
17—19 —	47	10
17—25 —	76	17
	219	50

In addition there were 12 children whose ages varied from 6 years to 13 years — 12 11

Number tested — 231 Schick Positive 61

Enteric Fever.

Average annual number of cases, 1915–1934	=	17
Average annual number of deaths, 1915–1934	=	2·5
Number of cases, 1935	— — =	8
Number of deaths, 1935	— — =	Nil.

Four of the cases occurred in the Urban and four in the Rural Districts. No particular feature was discovered in connection with these 8 isolated cases. There was no obvious connection discovered between the two cases notified in Evesham Borough.

Measles.

Average annual number of deaths, 1915–1934	=	32
Number of deaths, 1935	— — =	6

Ten schools were closed during 1935 on account of this disease. Evesham Borough, Stourbridge and Redditch all had outbreaks. Dr. Sanders Green (Martley Rural District) states :

“ No local action was taken regarding Measles serum for prophylaxis or attenuation. The difficulty seems to be the obtaining of the serum. In my opinion it would be desirable to have some centre where it could be obtained by any medical practitioner who requires it, as in the case of the Antitoxin for Diphtheria.”

I have had a number of requests for Measles serum for use in the case of very young children exposed to infection at residential schools. Measles serum cannot be bought in the ordinary way and smaller authorities could not easily obtain a supply of convalescent serum, as Measles cases are seldom admitted to Isolation Hospitals in the County. This is mainly the result of—

- (a) established custom by which Scarlet Fever and Diphtheria cases are given preferential treatment ;
- (b) absence of sufficient small ward and cubicle accommodation ; and
- (c) administrative difficulties in regard to Hospitals established under the Isolation Hospitals Acts.

Some regional or County provision for the supply of Measles serum would be of great advantage.

Cerebro Spinal Meningitis.

Five cases were notified, one at Halesowen, two in Kidderminster, one at Redditch and one in the Upton-on-Severn Rural District.

This is not a complete record of the cases originating in the County, the early diagnosis being frequently difficult. The Medical Officers of Health of both Oldbury Borough and Stourbridge Borough record cases which were notified in Birmingham Hospital after removal from Worcestershire for purposes of treatment.

Cancer.

The number of deaths in 1935 was 504 compared with 514 in 1934. The number of deaths for the last six years are given below :—

1934	—	—	514
1933	—	—	479
1932	—	—	425
1931	—	—	466
1930	—	—	469
1929	—	—	488

Erysipelas.

On several occasions during the year difficulty has arisen in connection with the provision of treatment for cases of this disease. District Nurse-midwives are not allowed by the Local Supervising Authority to attend cases of Erysipelas. Certain Nursing Associations have asked me whether or not it is reasonable to expect their district nurses (who do not normally attend midwifery cases) to attend cases of Erysipelas in the home.

The view is generally held that the type of cases attended by the district nurses makes it inadvisable for them to undertake visits to cases of Erysipelas as part of their routine duties.

Dr. Sharpley records difficulty experienced by Oldbury in finding accommodation for this type of case. The General Hospitals, unless they are provided with separate isolation blocks do not want these cases and it seems to me that the proper place for them is the Isolation Hospital when suitable accommodation is available.

Smoke Abatement.

No steps have been taken by the County Council in this matter.

Appropriate comment is made by Mr. Harrold, Sanitary Inspector, Oldbury Urban District and Mr. Jameson, Redditch Urban District Council in their annual reports.

Tuberculosis.

The Report of the Chief Tuberculosis Officer (Dr. H. Gordon Smith) is given as an appendix to this report.

Assistance from Voluntary Associations.

The County Federation of Women's Institutes continued to supply "home helps" in suitable cases, and assistance was given in 30 cases.

Many letters of appreciation have reached me, both from mothers and district nurses testifying to the value of this work.

The Stourbridge Rotary Club again arranged an outing for the crippled children of the area.

Voluntary Committees in most of the Urban areas and in some Rural areas have continued their interest in health activities.

I desire to acknowledge the valuable assistance rendered by the District Medical Officers and Sanitary Inspectors: also the loyal co-operation of the Assistant County Medical and Dental Officers, Health Visitors and Clerical Staff. The assistance I have received from the newly appointed County Veterinary Officer and the County Sanitary Officer, whose appointments were approved by the County Council in 1935, has been invaluable in connection with the increasing duties of the County Council under the Milk and Dairies Acts and Orders, the Housing Acts and other activities.

Your obedient Servant,

WYNDHAM PARKER, M.C.,

M.B., Ch.B., (Edin.) D.P.H. (Lond.)

County Medical Officer.

Public Health Department,
County Buildings,
Worcester.

August, 1936.

APPENDIX A.

SCHEME.

FREE MILK FOR NURSING MOTHERS, EXPECTANT MOTHERS
AND CHILDREN UNDER SCHOOL AGE.

URBAN AREAS.

1. The method proposed suggests that the Voluntary Associations or Committees functioning in connection with Infant Welfare Centres be invited to co-operate with the County Council. In order to retain and encourage voluntary effort it is provided that each Committee be provided with :

- (1) A fixed yearly grant in aid of this work.
- (2) A further grant equivalent to 50% of the excess expenditure above the fixed grant, up to a certain fixed maximum, the other 50% be provided from Voluntary funds raised by the Committee or Association.

2. The fixed grants for each area are given in the table included in this Report, and in suggesting these figures the following factors have been considered :

- (a) The number of Births in the area.
- (b) The character of the Urban area, *i.e.*, residential, industrial etc.
- (c) The state of unemployment in the district.

3. These grants would be conditional on all assistance given being limited to persons whose financial means come within the Urban Scale, unless special circumstances exist in which event the prior approval of the County Council would be required.

4. The Local Committee would be required to keep a separate account termed "The Milk Mothers and Children Account" which would be audited annually and the accounts and Vouchers open to the inspection of the County Accountant's Staff at any time on notice.

Scope of the Scheme.

5. Assistance may be given on account of any Infant under School age, or any expectant or Nursing Mother 6 months before or 6 months after the birth of the child.

Form of Assistance.

6. Assistance may be granted in the form of

- (1) Dried Milk.
- (2) Liquid Milk.
- (3) Cod Liver Oil.

7. Dried Milk, Cod Liver Oil etc., obtained through an Infant Welfare Centre should be charged at the cost price to the Centre. Liquid Milk may be ordered through a Dairyman (preferably the source approved for the local Elementary School). All payments should be made by the Committee to the Dairyman and no money should be given to the individual to make purchase direct.

8. All cases granted assistance should be recommended by the doctor in charge of the Infant Welfare Centre and each case reviewed by him or her at least every 3 months.

9. Assistance should not be given to families in receipt of out-Relief, but if the circumstances indicate that further assistance is required, the details should be forwarded to the County Medical Officer, who will bring them to the notice of the Public Assistance Department.

10. Local Committees may find it convenient to meet all large accounts by cheque payments; petty cash account being limited to postages and other small incidental payments.

RURAL AREAS.

11. It is not considered advisable to attempt to administer this Scheme through the numerous District Nursing Associations as the method would be cumbersome and incomplete in that the County is not completely covered.

12. The table provides for £400 of the total, being available for Rural areas; this proportion is somewhat larger than the Urban allocation, but it is hoped Voluntary funds will level up the sums available. In any case the lower wages usually payable in Rural areas does make it necessary to include a generous apportionment to the Country Districts.

13. The scope of the Rural Scheme and the forms of assistance to be given are identical with Urban proposals, but it is suggested that the district Nurses and Health Visitors should recommend cases and assist in the completion of the "means test."

14. The approval or rejection of applications should it is suggested be placed in the hands of say 3 Members of the Administrative Health Committee who would meet monthly for this purpose.

15. Whilst the adoption of a fixed scale is convenient the rigid application is not at the moment advisable and it is suggested that the scale of the Rural areas should be used as a rough indication only, and that the Members exercise their discretion in dealing with cases.

16. The experience gained after a period of months may make it advisable to alter this procedure, but with a Scheme based on a fixed maximum expenditure, it does seem advisable to keep the Scale as a guide, rather than it should be recognised as binding for the County Council to give assistance.

COST OF SCHEME.

17. A study of the Table indicates that £802 is provided for fixed grants and a further £286 is included to encourage local Voluntary effort, and it seems probable the total expenditure will work out at about £1,000 a year.

18. It is hoped that no additional clerical staff will be required, and in any case 6 months' trial will be made before this matter need be considered. The Members will no doubt realise that Voluntary Committees, Health Visitors, and Nurses, will undertake much of the additional work, and the scheme has at the moment the advantage of the money available going in the form of food rather than statistical data.

WORCESTERSHIRE COUNTY COUNCIL.

REPORT OF THE CHIEF TUBERCULOSIS OFFICER FOR THE YEAR 1935.

Staff.

1. No change in the medical or nursing Staff affecting the Tuberculosis Scheme has taken place during 1935.

Notifications and Deaths.

2. The following are the notifications and deaths for 1935 together with averages for the previous ten years :

Year.	Notifications.			Deaths.		
	Pul.	Non-Pul.	Total.	Pul.	Non-Pul.	Total.
Average 1925-34.	330	125	455	201	46	247
1935	334	91	425	190	26	216

3. (a) *Notifications.* The total number of notifications for the year was 425 (334 pulmonary and 91 non-pulmonary). This is a reduction in total of 30 cases compared with a ten years average but the reduction is wholly in the non-pulmonary group.

4. Table I. sets out the notifications in age groups and sexes and Table II. information under districts and also the death rates.

5. (b) *Deaths.* The figures for 1935 are the lowest number of deaths from tuberculosis (all forms) ever recorded, and although only 10 less than last year, the total is 31 less than an average of the previous ten years figures, a reduction of 11 in the pulmonary group and 20 in the non-pulmonary.

6. It is satisfactory to note from Table II. that the death-rate for Kidderminster Borough in 1935 shows a reduction on the five years average. The only Districts showing any notable increase are Bewdley Borough, Evesham Borough, Kidderminster Rural and Pershore Rural.

TABLE I.

Notifications of Tuberculosis during 1935 showing Age Periods.

Age periods :	under 1 yr.	1-4 (4 yrs.)	5-9 (5 yrs.)	10-14 (5 yrs.)	15-19 (5 yrs.)	20-24 (5 yrs.)	25-34 (10 yrs.)	35-44 (10 yrs.)	45-54 (10 yrs.)	55-64 (10 yrs.)	65 and up- wards	Total
Pulmonary—												
Males - - -	2	1	4	5	17	26	64	33	25	11	2	190
Females - - -	1	—	5	9	21	29	45	18	9	6	1	144
Non-Pulmonary—												
Males - - -	—	9	12	5	9	4	8	1	—	—	—	48
Females - - -	1	3	3	9	5	5	5	6	2	2	2	43
Total - - -	4	13	24	28	52	64	122	58	36	19	5	425

TABLE II.

NOTIFICATIONS OF ALL CASES OF TUBERCULOSIS SHOWN IN SANITARY AREAS.

District.	Total cases notified 1935.	Population. 1935.	Notification Rate per 1,000 of Population.		Death Rates per 1,000 of Population.	
			Average 1930-34.	1935.	Average 1930-34.	1935.
Bewdley Borough	6	4285	1.08	1.40	0.36	1.16
Bromsgrove Urban	30	22360	1.18	1.34	0.74	0.50
Droitwich Borough	4	4463	1.15	0.90	0.46	0.45
Evesham Borough	20	11120	1.40	1.80	0.72	0.90
Halesowen Urban	39	33670	1.50	1.16	0.75	0.57
Kidderminster Borough	51	31450	2.27	1.60	1.07	0.80
Malvern Urban	20	17590	1.20	1.13	0.68	0.57
Oldbury Urban	57	41900	1.30	1.36	0.90	0.86
Redditch Urban	33	22100	1.60	1.49	0.88	0.77
Stourbridge Borough	46	34820	1.12	1.32	0.73	0.54
Stourport-on-Severn Urban	11	7542	2.0	1.46	0.95	0.13
Bromsgrove Rural	15	18270	1.0	0.82	0.50	0.55
Droitwich Rural	8	10670	0.73	0.75	0.76	0.28
Evesham Rural	16	14090	1.20	1.14	0.87	0.64
Kidderminster Rural	8	7794	1.40	1.03	0.74	1.03
Martley Rural	16	10630	1.40	1.50	0.80	0.94
Pershore Rural	26	13290	1.20	1.95	0.62	1.13
Tenbury Rural	3	5406	0.85	0.55	0.81	0.74
Upton-on-Severn Rural	16	12550	1.66	1.27	0.57	0.24
	425	324000	1.45	1.31	0.80	0.66

New Cases and Mortality.

7. Table III. sets out the number of new cases becoming known to us and deaths of County cases occurring during the year, in sex and age groups.

8. These mortality figures exclude out-County cases dying in Worcestershire and include Worcestershire cases dying outside the County boundary.

TABLE III.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1 — —	2	1	—	2	1	—	—	1
1— 4 — —	1	—	10	5	—	—	2	2
5—14 — —	9	14	18	12	1	—	4	3
15—24 — —	46	52	14	10	19	31	3	1
25—34 — —	66	46	9	5	24	20	4	3
35—44 — —	35	18	1	6	23	18	1	—
45—54 — —	26	12	—	3	23	6	—	—
55—64 — —	14	7	—	2	10	8	2	—
65 and upwards —	2	1	—	2	4	2	—	—
TOTALS — —	201	151	52	47	105	85	16	10

Returns under Tuberculosis Regulations 1927.

9. The cases remaining on the registers of the Medical Officers of Health at the end of 1935 numbered

			Males.	Females.	Total.
Pulmonary	—	—	734	674	1408
Non-pulmonary	—	—	272	276	548
			1006	950	1956

This total is slightly less than last year. Every effort is made to keep the registers of the Medical Officers up to date. Notices are sent of all Deaths, transfers, Recovered cases etc. and periodically the County register is checked against the local register to ensure accuracy.

10. This co-operation between the local Health Departments and the County Office is very helpful.

Deaths of Un-notified cases.

11. There were 21 deaths of un-notified cases during the year. In 17 of these, there was some good reason for non-notification, *i.e.* diagnosis not made till death, death occurred in hospital, post mortems etc. In 4 cases the usual letter of enquiry as to non-notification was sent to the Doctor certifying the death. In three of these the cases had recently been transferred from another area and it was thought that they had been notified in that area. In the other case the Doctor failed to notify owing to the rapidity of the disease.

12. This shows that most of the cases occurring in the County become known before death but there are still too many patients who delay seeking advice until too late.

13. 176 of the cases were notified by Tuberculosis Officers. Most of these had been brought to our notice in the first place by General Practitioners.

Institutional Treatment.

14. Table IV. sets out the beds available for County patients during 1935.

15. It is difficult to make an accurate statement as to beds available.

16. The following beds are permanently reserved :

Knightwick Sanatorium (48 males, 30 females)	-	78 beds.
Hayley Green Tuberculosis Pavilion (male)	-	17 beds.
Hill Top Tuberculosis Pavilion (female)	-	18 beds.

17. In addition beds have been occupied at the following Institutions :—

Birmingham Royal Cripples Hospital	-	-	24-30 beds.
Newtown Hospital	-	-	- up to 6 beds.

and occasionally beds at :

Shropshire Orthopaedic Hospital	}	when available and when required.
Worcester Royal Infirmary		
Kidderminster General Hospital		
Rhyl Convalescent Home		
Birmingham General Hospital		
Birmingham Queens Hospital		
Nieuport Sanatorium		

18. Grants towards patients treatment have in special circumstances also been made at :

Cranham Sanatorium,
Midhurst Sanatorium.

19. A fair estimate for the year would be 156 beds as shown in the Table. This is rather more than the previous year and in consequence the waiting list has been reduced to an average of 13.6 through the whole year. It has been possible to admit urgent cases without much delay.

TABLE IV.

	Observa- tion.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.	Total
		" Sana- torium" Beds.	" Hos- pital " Beds.	Disease of Bones and Joints. Other Con- ditions	
Adult Males 	2	37	17	10	66
Adult Females 	1	35	18	6	60
Children under 15 ...	2	7	-	21	30
Total ...	5	79	35	37	156

TABLE V.
RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT.

	Adults.	M.	In Institutions on Jan. 1.	Admitted during the year	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of Patients	Child-ten.	M.	44	164	132	19	57
		F.	44	132	118	20	38
	Child-ten.		29	40	40	2	27
Number of Observation Cases	Adults	M.	9	10	19	—	—
		F.	2	25	20	—	7
	Child-ten.		2	8	7	—	3
	Total	—	130	379	336	41	132

TABLE VII.
Dispensary Work.

Dispensary.	Address.	Medical Officer.	Day and Time.	Total No. of Attendances 1935.	Average attendance per Session 1935.
Bromsgrove -	Over 98 High Street -	Dr. Deaner	Tuesday, 3 p.m.	290	5.7
Halesowen -	14 Laurel Lane -	Dr. Deaner	Wednesday, 5 p.m.	397	7.8
Kidderminster -	General Hospital -	Dr. Deaner	Thursday, 2 p.m. and 5 p.m.	684	13.4
Oldbury -	25 Church Street -	Dr. Deaner	Monday, 5 to 7 p.m.	795	16.0
Redditch -	Elm Road -	Dr. Deaner	Friday, 2 to 4 p.m.	306	6.0
Stourbridge -	Dispensary -	Dr. Corlett	Monday, 5 p.m.	333	6.7
Worcester -	Shirehall Yard -	Dr. Clover	Wednesday, 3 p.m.	289	5.7

TABLE VIII.

RETURN SHOWING THE WORK OF DISPENSARIES DURING THE YEAR 1935.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts) :												
(a) Definitely tuberculous	155	110	8	10	20	21	17	9	175	131	25	19
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	42	58	22	26
(c) Non-tuberculous	—	—	—	—	—	—	—	—	65	53	17	24
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous	1	4	2	1	—	—	2	—	1	4	4	1
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	2	8	7	9
(c) Non-tuberculous	—	—	—	—	—	—	—	—	75	109	98	101
C.—CASES written off the Dispensary Register as												
(a) Recovered	44	36	11	9	14	17	29	31	58	53	40	40
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	—	—	—	—	—	—	—	—	195	215	142	153
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—												
(a) Definitely tuberculous	579	498	66	70	78	77	109	108	657	575	175	178
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	71	94	59	52

TABLE VIII.—*Continued.*

1.	Number of cases on Dispensary Register on January 1st, 1935	—	1950
2.	Number of patients transferred from other areas and of "lost sight of" cases returned	— — — — —	34
3.	Number of patients transferred to other areas and cases "lost sight of"	— — — — —	117
4.	Died during the year	— — — — —	186
5.	Number of attendances at the Dispensaries (including Contacts)		3094
6.	Number of consultations with medical practitioners :—		
	(a) Personal	— — — — —	127
	(b) Other	— — — — —	1029
7.	Number of visits by Tuberculosis Officers to Homes	— —	2679
8.	Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	— — — — —	11923
9.	Number of—		
	(a) Specimens of sputum, etc., examined	— —	318*
	(b) X-Ray examinations made in connection with Dispensary work	— — — — —	667
10.	Number of "Tb plus" cases on Dispensary Register on December 31st	— — — — —	572

*In addition 1823 samples of sputum were examined from Worcestershire in-patients in County Institutions and County patients sent by General Practitioners.

Immediate results of Institutional Treatment.

20. Table VI. shows the immediate results of in-patient treatment. In addition to these cases, there were 44 who stayed less than 28 days.

21. Of the 252 pulmonary discharges, 40 were quiescent on discharge, 179 were not quiescent, and 33 had died.

22. The non-pulmonary cases totalled 50 and on discharge there were 28 quiescent, 20 not quiescent and 2 had died.

23. There were 46 cases in which no definite diagnosis had been made on admission. Fifteen of these were found to be tuberculous, 22 not tuberculous and 9 were suspicious and kept under observation.

Dispensaries.

24. At each Dispensary a weekly session is held and at Oldbury and Worcester an extra session is often held for pneumothorax refills.

25. Table VII. shows the total attendances and the average attendance per session. These remain fairly constant.

26. Table VIII. sets out in detail the cases under the different classifications and the position of the registers at the end of the year. A total of 1861 patients was carried forward to 1936 as compared with 1950 at the commencement of 1935.

Employment of young persons.

27. The question of the employment of young girls in factories for long hours was reported to the Committee during the year.

28. It appeared that girls under 16 years of age were employed from 7 a.m. to 7 p.m., with breaks for meals. There is no doubt that this is detrimental to their health and would lower their resistance to disease and increase the risk of tuberculosis. As the law now stands, it is legal for children of these ages to be employed for 10 working hours.

29. The Committee decided to recommend the County Council to call the attention of the Ministry of Health, the Home Office and the County Councils Association to the matter with a view to a consideration of the possibility of shortening the hours of employment.

30. The County Councils Association have now approved the recommendation and are urging the Home Office to consider the matter in connection with any new legislation in the future.

31. The Chief Inspector of Factories in his annual report to the Home Office has also called attention to this matter.

Contacts.

32. 419 cases were examined as contacts and 10 were found to be definitely tuberculous. Among 199 Adult Contacts examined, 5 cases of pulmonary tuberculosis were found, and out of 220 child contacts examined, 5 cases (3 pulmonary and 2 non-pulmonary) were found. In addition 26 were doubtfully tuberculous and put down for re-examination.

Environmental Conditions.

33. Dr. Deaner has given me the following statement with regard to sleeping arrangements in the Northern districts of the County.

Area.	Number of positive cases.			Separate beds.			Sharing beds.				Total
	Married	Single	Total	Married	Single	Total	Quiescent cases	no other arrangement possible	Refusing	Single	
Oldbury	47	25	72	30	25	55	7	—	10	—	17
Bromsgrove	30	11	41	16	11	27	7	—	7	—	14
Halesowen	24	18	42	9	16	25	6	5	4	2†	17
Kidderminster	40	23	63	22	23	45	6	1	11	—	18
Redditch	36	22	58	19	20	39	11	—	6	2†	19
	177	99	276	96*	95*	191	37	6	38	4	85

* 15 of these have shelters.

† 2 brothers and two sisters sleeping together—all with positive sputum.

These figures exclude the cases which are away in Sanatoria.

This total would remain a fairly constant number.

This shows that 69·2% of the positive cases in these areas have separate beds.

Extra Nourishment.

34. Food allowances were continued during 1935 on the same basis as in previous years, *i.e.* 5/- worth of milk, eggs, and butter per week during the Winter months and 4/- worth during the Summer months. A total number of 76 patients received allowances.

35. These allowances are granted as far as possible to supplement an ordinary diet and any case requiring more substantial assistance is referred to the Public Assistance Committee.

Nurses' Visits.

36. Supervisory, as distinct from nursing, visits were made to a large majority of the patients. A total of 11,923 visits was made during the year.

37. In the North of the County where the whole time Tuberculosis Health Visitor works, a card system for these visits has been started and is working very satisfactorily. Each card is inspected periodically by the Tuberculosis Officer who is thus enabled to keep in close touch with the nurse as to all her cases.

Shelters.

38. The 38 shelters have generally been in use during the whole of the year, but at one period there were as many as four empty for whom no suitable patient could be found. The great difficulty is that overcrowding generally exists in places where no garden or site is available.

39. A suggestion that the Contractor who originally designed and built the shelters should inspect each shelter and report on the condition has been adopted by the Committee. This will be of considerable help, as it has long been felt that a professional carpenter should express an opinion on structural defects and any repairs necessary. No doubt a considerable saving in the life of the shelters will result from this inexpensive arrangement.

TABLE VIIIa.

NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS ON THE
31ST DECEMBER, 1935.

IN PUBLIC ASSISTANCE INSTITUTIONS BELONGING TO THE COUNCIL.

Name of Institution.	For PULMONARY cases.		For NON-PULMONARY cases		TOTAL
	Adults	Children under 15	Adults	Children under 15	
Evesham — —	2	—	—	—	2
Martley — —	1	—	—	—	1
Kidderminster —	7	—	—	—	7

Return showing the Extent of Residential Treatment provided during
the year in Public Assistance Institutions for persons chargeable to the Council.

		In Institutions on January 1st	Admitted during the year.	Discharged during the year	Died in the Institution.	In Institutions on Dec. 31st
Number of patients suffering from pulmonary tuberculosis admitted for treatment	Adult Males —	1	5	5	1	—
	Adult Females	1	3	4	—	—
	Children —	—	—	—	—	—
	TOTAL —	2	8	9	1	—
Number of patients suffering from non-pulmonary tuberculosis admitted for treatment.	Adult Males —	1	—	—	—	1
	Adult Females	—	2	—	—	2
	Children —	—	—	—	—	—
	TOTAL —	1	2	—	—	3
GRAND TOTAL —		3	10	9	1	3

Prevention of Tuberculosis Regulations 1925.
Public Health Act 1925. Section 62.

40. It was unnecessary to take any action under these two Regulations as in the three cases where patients were handling milk, they were quite amenable when the position was explained to them.

41. A suggestion was also made that the Ministry of Health be asked to consider in any further legislation, whether some power could be obtained to exclude infectious Tuberculosis cases from working in factories and thereby causing a risk of infection to others.

Non-Pulmonary Tuberculosis.

In-patient treatment.

42. 67 patients received treatment during the year at the various hospitals set out in the paragraph as to beds available. These cases were: 32 spinal lesions and 35 Joint and other bone lesions. In addition, 14 cases were admitted to the Rhyl Convalescent Home for varying periods. These cases are children with quiescent abdominal or glandular tuberculosis and are sent to Rhyl after operation or for a month or two by the sea for convalescence.

43. The immediate results of treatment are included in Table VI. In connection with the Orthopaedic cases sent to Newtown Hospital, Worcester, a grant has been made towards the cost of a special class run by the Worcester Association for educating and training the children while under treatment.

Out-patient treatment.

44. The Clinics at Stourbridge, Redditch, Worcester and Broad Street, Birmingham are continued as in similar years and 113 cases of tuberculosis made 379 attendances.

After Care.

45. During the year the question of After Care for tuberculous patients came under consideration in connection with an application made by the Oldbury Borough Council.

46. After meeting the Oldbury representatives, it was decided to appoint a Joint After Care Committee for the Borough and the following Scheme was approved by both bodies.

47. The rehousing of tuberculous patients by means of a subsidy is quite a new step in Worcestershire and it is hoped that good results will accrue.

48. During 1936, Halesowen appointed a similar Committee and it is expected that one at Redditch will commence before long.

WORCESTERSHIRE COUNTY COUNCIL.

SCHEME FOR A TUBERCULOSIS AFTER-CARE COMMITTEE.

(A) Constitution of Committee.

The Committee shall consist of four members of the County Council nominated by that body and four members of the District Council nominated by that body. The Committee shall have power to co-opt not exceeding three additional members who may represent voluntary or other official bodies.

Certain Officers of the two Councils may be invited to attend in their official capacity, *e.g.*,

The Medical Officer and Sanitary Inspector of the District Council.
 The County Tuberculosis Officer for the area.
 The County Tuberculosis Health Visitor for the area.
 The County Relieving Officer for the area.
 The County Medical Officer.
 The Chief Tuberculosis Officer.

(B) *Functions and duties of the Committee.*

(i) *Food Allowances.*

All new applications for food allowances shall be considered and recommended by the After-Care Committee who shall be responsible for seeing that patients get the recommended articles of diet at a reasonable cost.

The total annual expenditure shall be based on a figure of £2 per 1,000 of the population of the area.

(ii) *Shelters, Bedsteads and clothing.*

Recommendations for the supply of these articles shall be sent by the After-Care Committee to the Tuberculosis and Sanatorium Committee who will take such action as appears necessary.

(iii) *Nursing.*

Recommendations in respect of the services of Nurses shall be sent by the After-Care Committee to the Tuberculosis and Sanatorium Committee who will take any necessary action.

(iv) *General.*

Members of the After-Care Committee may at the request of the Committee be asked to visit homes in connection with domestic difficulties, for assistance or advice in connection with occupations, arrangements for children while either or both parents are away.

It must be understood that all information or communications as to patients is confidential. The Public Health (Tuberculosis Regulations, 1930, state that: "nothing shall be done that subjects the persons to any "restriction, prohibition, or disability affecting himself or his employment, "occupation or means of livelihood on the ground of his suffering from "tuberculosis."

Administration.

The After-Care Committee shall appoint a Secretary whose duties shall be to record decisions at meetings and to communicate with Members as to times, places, and days of meetings, and undertake any other correspondence required on behalf of the Committee.

The recommendations of the Committee shall be forwarded by the Secretary to the County Tuberculosis Committee as they arise, together with an annual summary of the work of the Committee, which shall be available for the County Council, the District Council and the Public.

Re-Housing of Tuberculosis Cases.

Expenditure under this heading can properly be described as After-Care, and County and Local funds can be used for subsidising the rents of necessitous cases.

On medical grounds it is very desirable that persons suffering from tuberculosis should not live under overcrowded conditions.

An arrangement may be approved whereby a sum is allotted by the County Council for this purpose. Recommendations are made by the After-Care Committee and are subject to approval by both Councils. An equal sum to that allotted by the County Council can be voted by the local Council out of funds at their disposal. Only those cases which cannot be dealt with under existing housing acts are eligible and the scheme will not apply to persons in subsidy houses prior to the commencement of the scheme. Arrangements will be made for the assistance to be terminated as early as possible when a patient dies or leaves the house.

The sum allotted by the County Council will be approximately at the rate of £2 per 1000 of the population per annum.

Storage of Shelters, bedsteads, etc.

The After-Care Committee will arrange with the Urban District Council for the storage of shelters, bedsteads, etc., while not in use by patients.

X-Rays.

49. X-Ray examinations have increased very much during the year. A total number of 667 was made as compared with 425 in the previous year.

50. The sessional basis is now adopted at Worcester, Redditch, Kidderminster, West Bromwich and Stourbridge Hospitals and the work at each Centre is very satisfactory. The tuberculosis Officer attends each session and is enabled to see the cases screened and discuss each case with the Radiologist.

Dental Treatment.

51. Dental treatment has been continued at Knightwick Sanatorium and 42 patients were dealt with during the year. Extractions only are undertaken but it is found that removal of Sepsis in this way often leads to great improvement in the patients health.

Artificial Pneumothorax Treatment.

52. This treatment has been attempted in an increasing number of patients. In 1935, 32 cases were attempted but in 8, owing to adhesions it was impossible to continue. Refills have been continued in those cases where the induction was successful and the condition of the patients at the end of the year was :—

- 7 were continuing treatment, were improved, and positive sputum had been converted into negative or no sputum.
- 15 ditto, but still showing positive sputum.
- 1 discontinued and remaining positive sputum, though improved in health.
- 1 died.

53. Of the 52 cases who were still under treatment at the end of 1934, the condition at the end of 1935 was :—

- 13 were continuing treatment, were improved, and positive sputum had been converted to negative or no sputum.
- 11 ditto, but still showing positive sputum.
- 14 discontinued and were doing well. Negative or no sputum.
- 5 ditto, but still showing positive sputum.
- 4 discontinued—not doing well.
- 4 died.
- 1 left County.

Treatment by Gold Injections.

54. Gold injections, chiefly in the form of Myocrisin, have been given to a number of patients who have been considered suitable. Certain cases seem to have been considerably benefited, while others have shown very little result.

Mantoux test.

55. There is an Appendix to this Report by Dr. Deaner on some work he has done on the Mantoux tuberculin test amongst Home Contacts.

Tables IX. and X.

56. These Tables set out the condition in 1935 of all the cases who have been dealt with under the Scheme in the years when they first became tuberculous.

(Signed) H. GORDON SMITH,

M.A., M.B., CH.B., D.P.H.,

Chief Tuberculosis Officer.

August 1936.

TABLE IX.
PULMONARY.

Condition at the time of the last record made during the year to which the return relates.				Previous to 1926.				1926.				1927.				1928.				1929.				1930.				1931.				1932.				1933.				1934.				1935.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
					Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
(a) Remaining on Dispensary Register on 31st December.				Adults	M.	F.		Adults	M.	F.		Children					Adults	M.	F.		Children					Adults	M.	F.		Children					Adults	M.	F.		Children					Adults	M.	F.		Children					Adults	M.	F.		Children																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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* In addition to these totals and prior to 1921 there are
Dead - - - Unclassified 1159.
Lost sight of - - - Unclassified 496.

APPENDIX.

Some Results with the Mantoux Tuberculin Test in Home Contacts.

In this series Old Tuberculin (Burroughs Wellcome and Co.) was used ; tubercle-protein was used in a further 18 cases but as the reactions were smaller (and more definite) they were not comparable and therefore not included. I gave 0.1 ccs. of 1.1000 O.T., this dose giving a clear reaction and, in view of the exigencies of County work, saving time. The dose was considered safe and no control was used. The readings were made personally at 48 hours. All cases which gave a hypersensitive reaction were also X-rayed.

All cases were house contacts to open cases of pulmonary tuberculosis. The following 111 cases are tabulated as follows :—

- + is moderate positive *i.e.* 5–10 mms.
- ++ is over 10 mms.
- +++ vesiculation with or without systemic disturbance.

Age.	Negative.	+	++	+++	Total.
0— 1	3	0	0	0	3
1— 2	0	0	1	1	2
2— 5	2	7	3	1	13
5—10	10	16	5	1	32
10—15	4	20	2	0	26
15—20	2	12	2	0	16
20—25	0	8	0	0	8
25—30	0	2	0	0	2
30—40	0	7	1	0	8
40 and over	0	1	0	0	1
	—	—	—	—	—
	21	73	14	3	111
	—	—	—	—	—

With regard to children the percentage tuberculinisation is as follows :—

		Dow and Lloyd.	Critchley.
0—15 years ...	75	43.1	78.5
0— 5 years ...	72.2	as 23.0	65.0
5—10 years. ...	66.6	compared 39.0	84.9
10—15 years ...	84.6	with 58.3	85.2

In this series the 5—10 group does not show the same increasing percentage.

Among the adults all were positive except two.

In the age-group 0—1 all three infants gave negative reactions. One infant, however, died within a fortnight of tuberculous meningitis, indicating therefore that it was in an anergic state at the time of the test. The other two infants were each negative when tested again three months later. In the three cases giving a +++ reaction there was a sharp systemic disturbance with temperatures varying from 100—103, but in each case the patient appeared well again in two to three days. These children were X-rayed ; the films revealed respectively a massive glandular enlargement at the left root, a focus in the right upper lobe, and infiltration in the left upper lobe. In each case I have regarded the results as interpreting an active focus.

The 11 children giving a ++ reaction were also X-rayed. In 10 of these cases the films showed enlarged root shadows with, in 6 cases, increased striation in the lung fields, but the appearances did not suggest activity. In the 11th case, a girl of the 10—15 age group, the X-ray revealed massive calcification in both upper lobes representing healed tubercle, but the patient has since developed active tubercle and has a positive sputum.

One child of the 10—15 age group giving a + reaction has since developed pulmonary tuberculosis and has a positive sputum.

In the 2—5 age group, apart from the patient which had a +++ reaction, the 10 other reactors were symptomless and still appear to be in good health.

I was able to test all the members in regard to eight families, and I think the results showing the varying exposure to infection are sufficiently interesting to note:—

1. Patient Mr. P., aged 43 : chronic tubercle.

Mrs. P.	...	+
Norman, aged 8	...	+
Dennis, aged 6	...	+
Gordon, aged 2	...	++

Gordon was most infected and was most in contact with his father.

2. Mrs. C., aged 35 : chronic tubercle.

Mr. C.	...	++
Ronald, aged 5	...	+
Alfred, aged 3	...	neg.
Stanley, aged 2	...	neg.

The younger children were negative although constantly exposed to infection from a mother whom it was difficult to persuade to take the most elementary precautions.

3. Mrs. P. was positive in 1924 ; now has no sputum. Mr. P. and three children aged 16, 14, and 13 were all negative, but two more children aged 9 and 7, born since she developed tubercle and therefore most exposed to infection are ++.

4. Mrs. R. only had a short illness ; sputum positive at first but then no sputum after about a month in sanatorium. Family must have had only a short period of exposure.

Mr. R., aged 61

William, aged 25

Gwen, aged 15 all were +

but 4 other children, ages varying from 9 to 5, were all negative.

Are we to assume that the adults were infected at work and that the children were not sufficiently exposed ?

5. Dorothy W., aged 8 died of miliary tubercle. Contacts examined.

Mr. W., aged 46 ... +

Mrs. W., aged 43 ... +

Maud aged 20 ... +

John aged 16 ... found to have chronic P.T. left lung and therefore not tested. spm positive later.

Eileen aged 12 ... +

Margaret aged 11 ... +

John must have had tubercle for at least 12 months and had infected all the children.

6. Mr. L., chronic P.T.

Mrs. L,	aged 35	...	+	
Alice	aged 18	...	+	
Fred	aged 14	...	+	
Gladys	aged 13	...	+	but is the patient with a positive sputum now.
Geo.	aged 10	...	+	
John	aged 11	...	neg.	
Irene	aged 7	...	neg.	

Which children were we to watch, the negative or positive reactors ?

7. Lily G., aged 18, active tubercle.

The father, mother, and a sister, aged 26 were +.
Ivy, who had been sleeping with the patient, was ++.
Jenny, aged 15 had been away in service and was neg.

8. S.F., aged 16 died P.T. after a prolonged illness.

Mother and father	...	+	
L.F.	aged 23	...	+, found to have right apical signs; sputum negative.
A.F.	aged 13	...	+
D.F.	aged 12	...	+
T.F.	aged 11	++	and was found to have abdominal tubercle.

A larger series is required in order to draw any conclusions in regard to family infection as shown by the Mantoux test, but the correlation is interesting.

From the above it will be seen that whereas a positive Mantoux indicates that the case has been infected with the tubercle bacillus, the degree of reaction gives no indication as to which case will develop tubercle, that is we have no test by which we can demonstrate resistance.

Although a reactor in the 0—5 age group is usually regarded as tuberculous we did not find any evidence of activity in the reactors of that group in this series.

On the other hand in those children giving a +++ reaction with systemic disturbance it was considered they were suffering from an active focus.

(Signed) S. DEANER,
Tuberculosis Officer.

August 1936.

